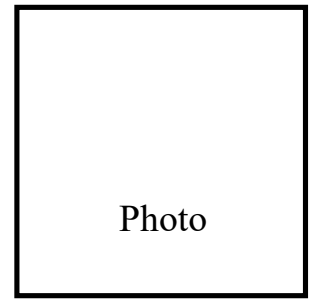




SMALL STATES OF EUROPE
KARATE FEDERATION



Photo

APPLICATION TO REFEREE COURSE

First name: _____ Whatsapp: _____

Email: _____

Family name: _____ Dan: _____

Country: _____ Age: _____

Name of Nat. Federation: _____

Date Name of President of National Federation Signature of President of National Federation

The above Candidate has the following NATIONAL/SSEKF licence(s):

I have SSEKF karate judge licence	<input type="checkbox"/>
I have NATIONAL Kata	Judge-A <input type="checkbox"/>
I have NATIONAL Kumite	Referee-A <input type="checkbox"/>

Will participate in Kata Course <input type="checkbox"/>	Will participate in Kumite Course <input type="checkbox"/>
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**Send before 8-31 to: ssekf-rc2017@sansumi.net
Please bring this application in original to the Registration!**