Enrollment Form- Summary - 2027

Dojo Name_____
Teacher_____
Responsible for contacts_____

ADULTS	Number		Fee per unit		
First Enrollments		x			+
Renewals		x			+
Insurance (Italyonly)		x			=
			Sub total (1)		€

UNDERAGE	Number		Fee per unit		
First Enrollments		x			+
Renewals		x			+
Insurance (Italyonly)		x			=
			Sub total (2)		€

SUMMARY	Number			Euro	
Dojo	--				+
Adults			Sub total (1)		+
Underage			Sub total (2)		=
Tot. enrolled			Total		€

- ☐ It is certified that all those enrolled to AIA are insured only in Italy
- ☐ It is certified that all enrollees have the necessary medical documentation provided by the law

_____ _____

Place and date Signature

- ☐ Attach copy of receipt of payment
- ☐ Attach data of newly enrolled and exam situation of everybody

Notes

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Dojo Data

(SubmitONLY if not yet compiled or in case of any changes)

_____

Complete Name

_____

Teacher (Last name, name and grade)

_____

Address

_____

ZIP, city, province and Country

_____

Days and schedule of lessons

_____

Courses type (adults, children...)

_____

Telephone numbers for information (public)

_____

Web Address

_____

Web address for information (public)

_____

Responsible for communication with the Association

_____

Phone number and email of the responsible for contacts

Brief description of the dojo

_____
_____
_____

Notes

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____