

The **40**th anniversary of IMAFD FOUNDATION
GALD festival exhibition

International Seminar of Budo Application Form

Please print clearly.

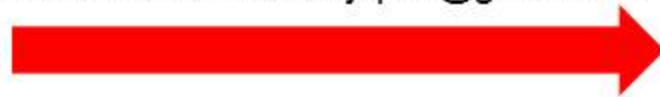
Name	Firstname	family names
現住所 Present Address	〒 (Postcode)	
メールアドレス E-mail		
生年月日 Date of Birth	DAY	MONTH YEAR
性別 Sex	男/Male <input type="checkbox"/>	女/Female <input type="checkbox"/>
国籍 Nationality		

Please circle the event that you want to participate in

武道種目 / The name of the Budo	段 / Dan, color belt
Karate	
Judo	
Tae Kwon Do	
Jiu-Jitsu Brasileiro	



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Please email us in
Japanese or English



日本ろう武道連盟
Japan Martial Arts Federation
of the Deaf

