INTERNATIONAL CUP

REGISTRATION FORM

EVENT NAME: INTERNATIONAL CUP **DATE:** 27-28 JUNE 2026 **CITY:** LLEIDA, SPAIN

	NAME AND SURNAME	AGE	SEX M / F	WEIGHT	DISCIPLINE	LICENCE YES/NO	No. COMBAT	PASSPORT GBF-FIDAM YES/NO
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

COACH'S NAME AND SURNAME:

CLUB NAME: **DIRECTOR:** **PHONE:**

IMPORTANT NOTE: It is mandatory to submit photocopies of both sides of the ID cards of competitors, coaches, and assistants.
Competitors not registered with GBF-FIDAM-GBI-WMKF-WKA Spain must request one-day competition insurance (€25) from secretary@gbfworld.com