



Quebec Amateur Kickboxing Corporation and associate discipline
125 A, des Peupliers east, Quebec, Qc. G1L 1S3

Inscription form Recreative Member

Name _____ First name _____

Address _____
(Street) (no.) (apartment)

_____ - _____
(City) (ZIP)

Phone : () _____ - _____ Fax : () _____ - _____

E-Mail : _____

Birth Date : ____ / ____ / 19 ____

Trainer's name : _____

Trainer's certificate number : _____

This member have paid his 10.00\$ recreative annual membership fee for the year ending on July 31th, 2012. He may then be trained under the supervision of a trainer certified by the Corporation. He will be authorise to fight only when his trainer will consider him sufficiently trained to do so safely and when he will provide all the forms require by the Corporation and will have paid his regular annual membership fee.

File on ____ / ____ / 20 ____

(trainer's signature)