

Team registration for Austrian Open 2018 **FIGHT**

kickboxclub-innsbruck@gmx.at

Country: _____ Club _____

	NAME given name	date of birth	-13 G / -13 B - 18 G / -18 B female / male Vet. / Master	weight-class	SCT	LCT	K- LCT	K - 1
1.	<i>EXAMPLE Eddy</i>	<i>10.10.1993</i>	<i>M</i>	<i>- 63</i>		<i>x</i>	<i>x</i>	
2.								
3.								
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9.								
10.								
11.								
12.								

Grand Champion Semicontact, cash price, NO weight class, male or female: _____

Teamfight Semicontact, 2 man and 1 female, NO weight class : _____