

WAKO INDIA KICKBOXING FEDERATION



Member:

World Association of Kickboxing Organizations (WAKO)



NATIONAL REFEREE DIPLOMA REGISTRATION FORM

Discipline: Ring Sports / Tatami Sports

State: _____

FullName : _____

Father's Name : _____

Sex : _____ Date of Birth : _____

District : _____ State : _____

Address : _____

_____ Pin Code : _____

Mobile No. _____ E-mail : _____



Signature of the Participant:

Name & Signature of State Association President or
General Secretary with Official Seal

For Use ONLY

Referee Grade: _____ Issued On: _____ Valid Until: _____

Regn. No: _____

Format No. WI/2018/013