

# Baji Quan Seminar Registration Form

(For Indonesia Only)

Nama: \_\_\_\_\_

No KTP:(Scan/Fotokopi KTP harus dilampirkan)

Tempat/Tgl Lahir: \_\_\_\_\_

Umur: \_\_\_\_\_

Sistem Beladiri yang pernah/sedang dipelajari: \_\_\_\_\_

Berapa Lama: \_\_\_\_\_

Tujuan mempelajari Ba Ji Quan(Yang Jelas): \_\_\_\_\_

SEND TO: wutangindonesia@yahoo.com