BLUE STONES CUP

Registration Form

Club / Team	_____
Country	_____
Coach	_____
Athlete Name	_____
Date of Birth	_____
Gender	_____
Weight Category	_____
Belt	_____
Phone	_____
E-mail	_____
Emergency Contact	_____
Signature	_____ Date: _____

Organizer: Blue Stones Cup • Sliven, Bulgaria