Hellas (Greece) Spring Seminar 2020

**Date**

From Saturday, Saturday, March 21 and Sunday, March 22, 2020

**Instructors**

Nuccio Ferro Shihan 5 Dan

Christophe Delmotte Sensei 4 Dan

Patrick Barra Sensei 4 Dan

Konstantinos Neanidis Sensei 3 Dan

**Objectives**

This two-day course will allow everyone, according to their level, to experience Kyokushin in all its aspects: physical condition, surpassing oneself, kihon, kata technique, and the ultimate truth, the kumite.

**Location**

Samurai Sport Center

Ioanni Chalkidi 7, 54453

Thessaloniki

Hellas (Greece)

**Accommodation**

Suggested Hotel



**Registration**

Please register before Monday, February 17, 2020.

The registration form must be sent by e-mail to Sensei Konstantinos Neanidis (neanidis@hotmail.com)

**Registration fee**

Full camp 20 € per participant (including training).

Lunch (Saturday & Sunday) and dinner (Saturday), 10 € per meal (optional, registration is required)

**Personal belongings to carry out**

- 2 Dogi

- Sports shoes (jogging)

- Protections: gloves, shin guards, tooth protectors,...

- Light rain jacket

- Wipes and soap for the shower

- Drinks and snacks (for training)

- Small bag to carry personal belongings

**More information**

**www.kyokushin-tezuka.gr**

**Contact person**: Konstantinos Neanidis Sensei, e-mail: neanidis@hotmail.com, phone number 00306974370020

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Provisional schedule



 Please note that this schedule is changeable at all times.

Registration form

Name of the dojo: .....................................................................................................................................

Name of the responsible of the dojo: ........................................................................................................

Address: ....................................................................................................................................................

Zip: ..................... City: ..................................................... Country: ..............................................

E-mail: ............................................................................. Telephone: ..........................................

List of participants

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Surname | First name | Sex (M/F) | Grade |
|  |  |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
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| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
|  |  |  |  |  |

Date: ....................................................... Signature of the responsible of the dojo

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