

2019 Technique Competition Application Form

Teacher's Name _____

Telephone and e-mail (required for confirmation) _____

No.	Student Name	Age (by 1/1/19)	Footstool needed (✓)	Level	Fee
1.					
2.					
3.					
4.					
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11.					
12.					
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16.					
17.					
18.					
Total:					