

# 2014 KETTLEBELL WORKSHOP AND IKFF CKT CERTIFICATION REGISTRATION FORM

Full Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	
Address	
Mobile No	
Email	
BB pin/ Skype/Whatsapp	
Event	<input type="checkbox"/> 2 Days Advance Kettlebell Training <input type="checkbox"/> 1 on 1 Training _____ Hour <input type="checkbox"/> 2 Days Basic Kettlebell Lifting and IKFF CKT 1 Certification
Current Body Weight	

