



Registration Form – Dynamic Sport Design

1st Online Traditional Wushu World Tournament – 2026

INDIVIDUAL REGISTRATION FORM

PERSONAL INFORMATION

Full name:

Gender: ☐ Male ☐ Female

Date of birth (DD/MM/YYYY):

Country / Region:

Contact / WhatsApp:

Email:

AGE GROUP (select one)

☐ Children (6–9)

☐ Junior (10–15)

☐ Adult (16–35)

☐ Middle Age (36–59)

☐ Senior (60+)

EVENTS (max 3)

Event	Category	Group
☐ Taolu / ☐ Weapon	☐ Amateur / ☐ Professional	
☐ Taolu / ☐ Weapon	☐ Amateur / ☐ Professional	
☐ Taolu / ☐ Weapon	☐ Amateur / ☐ Professional	

FEES

Fee per event: 10 EUR / Event

Number of events:

Total: EUR

2026年首届国际传统武术录像赛
INAUGURAL INTERNATIONAL TRADITIONAL WUSHU VIDEO COMPETITION 2026





PAYMENT

Bank transfer

PWKA CULTURAL SPORTS FEDERATION IBAN: IT74N0306909606100000161450 SWIFT:
BCITITMM

Transaction reference: No.

DECLARATION

I declare that I have read and accepted all competition rules. I confirm that the information provided is correct. Certificates will be issued based on this form. No changes or refunds after the deadline.

Record in MP4 format, minimum resolution 720P, pay the registration fee and upload the participation videos no later than July 18 on Facebook at:

<https://fb.me/e/7NWn06kAB>

Click the "Discussion" button and "Add a post", describe the event and upload the videos.

Signature:

Date:

TEAM (GROUP) REGISTRATION FORM

TEAM INFORMATION

Team / Club name:

Team leader:

Contact / WhatsApp:

Email:

Country / Region:

EVENT

Event name:

Category: ☐ Taolu ☐ Weapon ☐ Combined

Group: ☐ Amateur ☐ Professional

2026年首届国际传统武术录像赛
INAUGURAL INTERNATIONAL TRADITIONAL WUSHU VIDEO COMPETITION 2026





TEAM MEMBERS

Full name	Date of birth

FEES

Team fee: 30 EUR / team

Total: EUR

PAYMENT

Bank transfer

PWKA CULTURAL SPORTS FEDERATION IBAN: IT74N0306909606100000161450 SWIFT:

BCITITMM

Transaction reference: No.

2026年首届国际传统武术录像赛
INAUGURAL INTERNATIONAL TRADITIONAL WUSHU VIDEO COMPETITION 2026





DECLARATION

The team confirms that all information is correct. Certificates will be issued based on this form.

No changes or refunds after the deadline.

Team leader signature:

Date:

REGIONAL DELEGATE SUMMARY FORM

INFORMATION

Region / Country:

Delegate:

Contact:

Email:

PART 1 - COMPETITORI INDIVIDUALI

No	Name	Age group	Event 1	Event 2	Event 3	Amount (€)

PART 2 – TEAMS

No	Team name	Event	Members	Amount (€)

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PART 3 – PAYMENT SUMMARY

Total individuals: EUR

Total teams: EUR

GRAND TOTAL: EUR

Delegate signature:

Date:



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