

INTERNATIONAL FEDERATION OF BRAZILIAN JIU-JITSU

ACADEMY REGISTRATION FORM

Academy Details:

- **Full Academy Name:**
- **Trading Name (if applicable):**
- **Full Address:**
 - Street/Avenue:
 - Number:
 - Complement:
 - City:
 - Post Code:
 - Country:
- **Landline Phone:**
- **Mobile Phone:**
- **Email:**

Responsible Person Details:

- **Full Name:**
- **Document number:**
- **Type of Document:**
- **Date of Birth:**
- **Nationality:**
- **Marital Status:**
- **Address (if different from the academy):**
 - Street/Avenue:
 - Number:
 - Complement:
 - City:
 - Post Code:

- Country:
- **Phone:**
- **Email:**

Declaration:

I declare that the information provided in this form is true and that I am aware of the requirements and regulations of the International Federation of Brazilian Jiu-Jitsu – IFBJJ - for the affiliation of academies. I commit to providing any additional documents that may be requested and to keep the academy's information updated with the federation.

Date: ____/____/____ (DD/MM/YYYY)

Signature of the Academy's Responsible Person:

Observations: