

Clown Camp KISO Registration

*asterisk must be filled in.

Date of Register: Date month

email attached to : info@op-sesame.com

FAX +81 (3)-3762-1535

Name on Passport		Date of Birth	
Name*	First	Last	
Clown Name (If you have)			
Postal Coad*		Country	States
Address*			
Phone*		FAX	
Email PC*			
Email mobile			
Program*	<input type="checkbox"/> Pre-Program 25th-28th June <input type="checkbox"/> Main Program 29th June-2nd July		
Accommodation*	<input type="checkbox"/> Komaoh Room Mate Preference (if you have) <input type="checkbox"/> Komaoh (single) *Attendant/under18's must be the same room with. <input type="checkbox"/> Hotel (twin) <input type="checkbox"/> Hotel (single)		
Course*	<input type="checkbox"/> Adult <input type="checkbox"/> Under 18's <input type="checkbox"/> Attendant		
Under age 18	Parents name		Phone
	Address		
Payment*	<input type="checkbox"/> Credit Card (Through Paypal) <input type="checkbox"/> Paypal		
Message			
<p>I agree with Clown Camp KISO guideline and put in this application.</p> <p>If you are under age 18 years, Signature _____ Gurdian/Parents signature _____</p>			

Clown Camp KISO Office 302-6-7-7,Minami-Oi, Shinagawa Tokyo Japan140-0013

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