Registration form

Please fill clearly

❑ I am registering for a new CL2U ID ❑ I lost my CL2U ID card

❑ My CL2u Number is

DATE OF BIRTH D D M M Y Y

NAME *(Write in BLOCK LETTERS, underline family name)*

COUNTRY

CITY

Country

TELEPHONE ( )

EMAIL

❑ Saturday – Cardfight!! Vanguard Japanese Premium (WGP)
❑ Saturday – Cardfight!! Vanguard English Standard (BCS)
❑ Saturday – Future Card Buddyfight English (BCS)
❑ Sunday – Cardfight!! Vanguard Japanese Standard (WGP)
❑ Sunday – Cardfight!! Vanguard English Premium (BCS)
❑ Sunday – Weiss Schwarz Japanese (WGP)