

2019 WSKF INTERNATIONALS

June 27-30, 2019

Troy, OH

Hanshi Frank Grant, 10th Dan, Chairman, WSKF

Pre-registration before June 1, 2019

Complete this form for Each participant.

Registration fee covers Awards Banquet.

\$150	Pre-registration Fee (WSKF members)	\$ _____
\$115	Pre-reg. Fee (additional WSKF family members)	\$ _____
\$175	Pre-registration Fee (Non WSKF members)	\$ _____
\$ 30	Additional Awards Banquet (12 yrs & older non training individuals) # of individuals: ____ x \$30	\$ _____
\$ 20	Additional Awards Banquet (6-11 yrs non training individuals) # of individuals: ____ x \$20	\$ _____

****Bring Your Own Beverage**

Children 5 yrs & younger no cost for Awards Banquet at Redmond's Picnic Grounds.

Late Registration Fees after June 1, 2019

\$170	Late Registration Fee (WSKF members)	\$ _____
\$130	Late Reg. Fee (Additional WSKF family members)	\$ _____
\$195	Late Registration Fee (Non WSKF members)	\$ _____
\$ 25	Internationals Polo Shirt ____ X \$25	\$ _____
\$ 15	Internationals T-Shirt ____ X \$15	\$ _____

Please indicate size and quantity

Youth Med 10/12	Youth Lg 14/16	Adult Small	Adult Med	Adult Large	Adult X-Large	Adult XX-Large
_____	_____	_____	_____	_____	_____	_____

If you have questions, call Kyoshi Leistner at 937-339-4646.

2019 WSKF INTERNATIONALS REGISTRATION FORM

Please fill out completely and send in this form and Registration Fee, CASH or CHECK (Checks payable to the WSKF) to 2486 St. Rt. 718, Troy, OH 45373 before June 1, 2019, or include \$20 Late Registration Fee after June 1. Major credit cards (transaction fees may apply) or cash will be accepted from International Dojos.

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ WSKF # _____

Dojo & Town _____

Your Sensei _____

Rank or Belt Color _____

Shorin-Ryu Training Time _____

Other Style(s) Studied & Training Time _____

Participation Release

Please read and sign as indicated. This must be signed for participation in any WSKF seminar event.

I do hereby voluntarily submit my application for attendance and participation in the Karate &/or Kobudo Seminar(s), and do hereby assume full responsibility for any and all damages, injuries, or loss that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the promoters, operators, or sponsors of said Karate Seminar individually or otherwise, for any claims for injuries that I may sustain. I fully understand that any medical treatment given to me will be First Aid treatment only.

I consent that any pictures furnished by me or any pictures taken of me in connection with the Seminar can be used for publicity, promotion, or television showing, and I waive compensation in regard thereto.

Student _____ Date _____
(signature)

Parent or Guardian _____ Date _____
(signature for student under 18 years old)

This form is available on-line: www.shorin-ryu.net