

2025 WSKF KARATE RETREAT

June 27-28, 2025

Centerburg, OH
Martial Arts & Fitness Center, Dojo

Hanshi Jack McPeek, 10th Dan, Chairman of WSKF

Please register by June 1, 2025.

Complete this form for Each participant (Participants must be 13 and older).

\$125 Registration Fee (WSKF members) \$ _____

\$150 Registration Fee (Non WSKF members) \$ _____

Prices include:

All training classes, the use of training equipment and facilities; lunch and dinner (Saturday); swimming and professional fireworks display. Additional fee required for those testing for rank advancement

WSKF T-shirts

\$ 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have questions, call Hanshi McPeek at 614-214-1886.

2025 WSKF KARATE RETREAT REGISTRATION FORM

Please fill out completely and send in this form and Registration Fee,
CASH or CHECK (Checks payable to WSKF).

5429 Gilbert Road, Centerburg, OH 43011 by June 1, 2025.

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