

2026 WSKF INTERNATIONALS

June 18-21, 2026

Greenville, OH Matsunoki Martial Arts Dojo

Hanshi Jeff Leistner, 9th Dan, President of WSKF

Please register by June 1, 2026.

Complete this form for each participant.

Registration fee covers the Awards Banquet.

\$175 Registration Fee (WSKF members) \$ _____

\$150 Registration Fee (additional WSKF family members) \$ _____

\$200 Registration Fee (Non WSKF members) \$ _____

\$60 Additional Awards Banquet
(12 yrs & older non-training individuals)
of individuals: ____ x \$60 \$ _____

\$20 Additional Awards Banquet
(6-11 yrs non-training individuals)
of individuals: ____ x \$20 \$ _____

FREE Weapons Class
*Indicate your weapons of preference.
Be sure to bring your weapons with you.
 Bo Sai Tonfa Nunchaku

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 XL	Adult 2XL	Adult 3XL	Adult 4XL
<input type="checkbox"/>								

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

2026 WSKF INTERNATIONALS REGISTRATION FORM

Please fill out this form completely and send it with your Registration Fee.
CASH or CHECK (Checks payable to the WSKF) and mail to

622 S. Broadway, Greenville, OH 45331 by June 1, 2026.

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 online: www.shorin-ryu.net