

# 2023 WSKF INTERNATIONALS

June 18-21, 2023

Saw Mill Creek Resort  
Huron, OH

Hanshi Jeff Leistner, 9th Dan, President of WSKF

Please register by June 1, 2023.

Complete this form for Each participant.

Registration fee covers Awards Banquet.

\$175	Registration Fee (WSKF members)	\$ _____
\$150	Registration Fee (additional WSKF family members)	\$ _____
\$200	Registration Fee (Non WSKF members)	\$ _____
\$ 60	Additional Awards Banquet (13 yrs & older non training individuals) # of individuals: ____ x \$60	\$ _____
\$ 20	Additional Awards Banquet (12 yrs & under non training individuals) # of individuals: ____ x \$20	\$ _____

WSKF T-shirts

\$ 15 Internationals T-Shirt \_\_\_\_ X \$15 \$ \_\_\_\_\_

\*No Polos this year.

Please indicate size and quantity

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

\_\_\_\_\_

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

# 2023 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 by June 1, 2023. 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)

ParentorGuardian \_\_\_\_\_ Date \_\_\_\_\_  
(signature for student under 18 years old)

This form is available on-line: [www.shorin-ryu.net](http://www.shorin-ryu.net)