

# 2018 WSKF INTERNATIONALS

June 17 - 21, 2018

Dale Hollow State Park, Kentucky  
5970 State Park Rd., Burkesville, KY 42717

Hanshi Frank Grant, 10th Dan, Chairman, WSKF

Pre-registration before June 1, 2018

Complete this form for Each participant.

Registration fee covers Awards Banquet.

\$130	Pre-registration Fee (WSKF members)	\$ _____
\$110	Pre-reg. Fee (additional WSKF family members)	\$ _____
\$155	Pre-registration Fee (Non WSKF members)	\$ _____
\$ 30	Additional Awards Banquet (12 yrs & older non training individuals) # of individuals: ____ x \$30	\$ _____
\$ 15	Additional Awards Banquet (6-11 yrs non training individuals) # of individuals: ____ x \$15	\$ _____

Children 5 yrs & younger no cost for Awards Banquet

Late Registration Fees after June 1, 2018

\$150	Late Registration Fee (WSKF members)	\$ _____
\$130	Late Reg. Fee (Additional WSKF family members)	\$ _____
\$175	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.

# 2018 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, 2018, 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)

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

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