

2010 WSKF Internationals

Hanshi Frank Grant, 10th Dan, Chairman WSKF

The Next Step

Register on or before July 1, 2010

\$129	Pre-registration fee (adults)	\$ _____
\$100	Pre-registration fee (juniors)	\$ _____
\$79	for 2 nd family member	\$ _____
\$54	for additional family members	\$ _____
\$10	for 7 yrs. and older dinner # _____ x \$10 =	\$ _____
	(non training parents and guest)	
\$5	for 6 yrs. and younger dinner # _____ x \$5 =	\$ _____
\$139	Late registration fee (if paid after July 1, 2010)	\$ _____
	TOTAL FEE PAID	\$ _____

Pre-Registration "The Next Step" T-shirt Order

NOTE: Pre-registered students will receive ONE FREE Limited Edition, The Next Step T-shirt. Additional shirts can be pre-ordered at \$10 each, paid for when picked up at the event. Please indicate size & quantity of shirts.

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

2010 Registration Form

Please fill out completely and send in this form and Registration Fee – CASH or CHECK (all checks must be written out to "CASH") to your Sensei on or before July 1, 2010, or include \$10 Late Registration Fee after July 1.

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 _____

Participant Release

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

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, and 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)