

2014 WSKF INTERNATIONALS

July 17 - 20, 2014

Troy, Ohio

Hanshi Frank Grant, 10th Dan, Chairman, WSKF

Pre-registration before July 1, 2014

Complete this form for **Each** participant.
Registration fee covers Awards Banquet.

- | | | |
|-------|---|----------|
| \$150 | Pre-registration Fee (WSKF members) | \$ _____ |
| \$115 | Pre-reg. Fee (additional WSKF family member) | \$ _____ |
| \$175 | Pre-registration Fee (Non WSKF members) | \$ _____ |
| \$ 40 | Awards Banquet (11 yrs & older non training individuals) # of individuals: ___ x \$40 | \$ _____ |
| \$ 15 | Awards Banquet (5 -11 yrs non training individuals) # of individuals: ___ x \$15 | \$ _____ |

Children 4 yrs & younger no cost for Awards Banquet

Late Registration Fees after July 1, 2014

- | | | |
|-------|--|----------|
| \$170 | Late Registration Fee (WSKF members) | \$ _____ |
| \$135 | Late Reg. Fee (Additional WSKF family Members) | \$ _____ |
| \$195 | Late Registration Fee (Non WSKF members) | \$ _____ |
| \$ 25 | Perception Polo Shirt _____ x \$25 | \$ _____ |
| \$ 15 | Perception 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
_____	_____	_____	_____	_____	_____	_____

2014 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 July 1, 2014, or include \$20 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 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