

2018 ISKF SOUTHWEST REGIONAL TOURNAMENT



MAY 20, 2018 • 9:30AM to 4:00PM
Venice Japanese Community Center
12448 Braddock Dr.
Los Angeles 90066

**ADULT and YOUTH
(Ages 5-17) DIVISIONS**

YOUTH-1 Event \$20
2 Events or more \$35

ADULT- 1 Event \$25
2 Events \$40

Chief Judge James Field, 8th Dan

Contact: ISKF SW Regional Headquarters at 310-395-8545 or isfksm@verizon.net • www.iskfs.com

2018 ISKF SOUTHWEST REGIONAL

TOURNAMENT

**Sunday,
May 20, 2018
9:30AM to 4PM
VENICE DOJO
12448 Braddock
Los Angeles, CA**



Adult Registration Form

REGISTRATION *Fill in all blanks. Please print.*

Name _____ Rank _____

Address _____

City/State/Zip _____

Phone/E-mail _____

Dojo _____ Instructor _____

EVENT(S) *Check all that apply.*

KATA (Form) **KUMITE** (Sparring) **M**

MANDATORY EQUIPMENT: Mouthpiece and gloves

FEES: \$25 for one event, \$40 for both events

Make checks payable to **ISKF Santa Monica**

F

Mail to: ISKF Santa Monica, 1218 5th Street, Santa Monica, CA 90401 310-395-8545

E-mail to: iskfsm@verizon.net or register in person at **9:00 AM** at Venice Dojo



WAIVER /RELEASE AGREEMENT

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the _____ ISKF Southwest Regional Karate Tournament at the Venice Japanese Community Center, Los Angeles, CA 90066, May 20, 2018, and do hereby assume full liability for any and all damages, injuries, or losses that I may sustain or occur, if any, while attending or participating and do hereby waive all claims against the directors, organizers, promoters, operators, officials, the ISKF Santa Monica dojo or the International Shotokan Karate Federation to which it is affiliated, or the Venice Japanese Community Center or anyone affiliated with this event for any claim for injuries that I may sustain.

Signature _____ Date _____

Print Name _____

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**Sunday,
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9:30AM to 4PM
VENICE DOJO
12448 Braddock
Los Angeles, CA**



Youth Registration Form

REGISTRATION *Fill in all blanks. Please print.*

Name _____ Age _____ Rank _____

Address _____ Height _____ Weight _____

City/Zip _____ Phone _____

Parent's Name _____ Karate Club/Dojo _____

EVENT(S) *Check all that apply.*

KATA (form) **KUMITE** (sparring) **TEAM KATA** Female Male

MANDATORY EQUIPMENT: Mouthpiece and gloves

FEES: \$20 for one event, \$35 for 2 or more events

—Make checks payable to **ISKF Santa Monica**

Deliver to: ISKF Santa Monica, 1218 5th Street, Santa Monica, CA 90401 310-395-8545 or

E-mail to: iskfsm@verizon.net or

Register in person: at 9:00 AM at Venice Dojo



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Signature of Parent or Guardian _____

Print Name _____ Date: _____