

10th
Annual

Michigan Karate Tournament



Sunday, March 11th, 2018

Garden City Middle School
1851 Radcliff St. Garden City, MI 48135



Hosted by: **Shotokan Karate Federation of Michigan**

Cell phone: (734) 658-5683 E-mail: Tony@karatemi.com Web site: www.karatemi.com

TEAM KATA

REGISTRATION FORM – Please print clearly

Dojo name/club: _____

Name of Sensei: _____ Email: _____

Team Category: _____ Team Group: _____

Competitor #1 name: _____ Sex: M/F _____ Rank: _____ Age: _____

Competitor #2 name: _____ Sex: M/F _____ Rank: _____ Age: _____

Competitor #3 name: _____ Sex: M/F _____ Rank: _____ Age: _____

Alternate name: _____ Sex: M/F _____ Rank: _____ Age: _____
(Optional)

We hereby submit our application for participation in the Michigan Karate Tournament. We hereby acknowledge there are possible risks of bodily injuries and release any and all claims, causes of action, loses, damages, cost expenses including, but not limited to, injuries, attorney fees, either known or unknown, now existing or arise in the future that may have whatever kind of nature against any Tournament organizer, director, or anyone else involved in any way with the Tournament. We hereby acknowledge that the Tournament organizers for publicity or promotions can use any individual, team or any other photos or videos taken of us in this Tournament without compensation to any individual team member or the Team as a whole.

Signature of Competitor #1 (Parent if under 18 yrs old)

Date

Signature of Competitor #2 (Parent if under 18 yrs old)

Date

Signature of Competitor #3 (Parent if under 18 yrs old)

Date

Signature of Alternate (Parent if under 18 yrs old)

Date

Pre-registration fee is \$45. If postmarked after Feb 18th, 2018, fee is \$60. No refunds after registration.

The Tournament Director or a Team kata competitor – Please ensure that this form is completely filled out with all three (3) competitors' names (and Alternate, if applicable) and their signatures. Make check or money order out to: Tony Valvona. Mail team registration form and along with payment to: Tony Valvona, 44060 Cottisford Rd., Northville, MI 48167-8911