

# REGISTRATION FORM

## TEAM KATA / 3 vs 3 Team Flag Sparring Competition

A competitor may be replaced before the start of the match at the tournament if needed.  
The replacement must be of the same level.

\$15 per competitor \$45 – per 3 competitor kata team/3 vs 3 team flag sparring competition  
Pre-registration fee is \$45. If postmarked after **Feb 27<sup>th</sup>, 2022**, fee is \$60. No refunds after registration.  
Prerequisite: Competitor must be competing in one other single event.

Dojo name/club: \_\_\_\_\_ Name of Sensei: \_\_\_\_\_

### Team Kata - Please print clearly

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: (optional) \_\_\_\_\_ Sex: M/F \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Competitor #1 (Parent if under 18 yrs old)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Competitor #3 (Parent if under 18 yrs old)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Competitor #2 (Parent if under 18 yrs old)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Competitor #4 (Parent if under 18 yrs old)

### 3 vs 3 Team Flag Sparring Competition - Please print clearly

Beginner: Under one (1) year of training and less than 9 kyu

Novice: Over one (1) year of training or 9 kyu and above

Ages: 5, 6-7, 8-9, 10-11

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: (optional) \_\_\_\_\_ Sex: M/F \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Parent #1

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Parent #3

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Parent #2

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Parent #4

**Club Sensei** – 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