2017 NORTHCOAST KARATE CHAMPIONSHIP

Individual Registration -- Please print or type all information clearly – One form per competitor!

First Name
_____

Last Name
_____

Home Address
_____

City
_____

State
_____

Zip
_____

Day Time Phone Number
(_____) _____ - _____

Evening Phone Number
(_____) _____ - _____

Email address
_____

Sex   **Age**   **Date of Birth (MM/DD/YYYY)**   **Weight**
☐ Male   ☐ Female   _____   _____ / _____ / _____   _____ LBS

Date Started training (M/Y)   **Belt Color**   **Belt Level/Grade**   **Style of Martial Arts**
_____ / _____   _____   _____ Kyu/Gup _____ Dan   _____

Dojo Name
_____

Name of Teacher
_____

Check Each Category in Which You Will Compete, Your Age Group and Experience Level

MARTIAL ART EVENTS

☐ Open Kata (Open Hand Forms)
☐ Mandatory WKF List (Dan Grades)
☐ Masters Forms (4th Dan or higher)
☐ Korean (Forms)
☐ Chinese (Forms)
☐ Kumite (Sparring)
☐ Kobudo (Weapon Forms)
☐ Iaido Kata
☐ Team Kata* (Forms)
☐ Team Family Kata* (Forms)
☐ Team Kumite* (Sparring)
☐ Team Kobudo* (Weapons)
☐ Ju-Jitsu Individual Fighting
☐ JuJitsu NeWaza [Grappling]/BJJ
☐ Ju-Jitsu Duo-Kata System
☐ Self Defense*

AGE GROUP

☐ Child – under 6
☐ Youth – 6 to 17
☐ Adult – 18 to 34
☐ Senior – 34 and up

EXPERIENCE

☐ New beginner – Less than 6 months
☐ Beginner – 6 months to 1 year
☐ Novice -- 1 to 2 years
☐ Intermediate – 2 to 3 years
☐ Advanced – 3 to 5 years
☐ Experience advanced – over 5 years

CHANBARA EVENTS (Padded Weapon)

☐ Kodachi – Under 12
☐ Choken – 13 and up

Send A Certified Check Or Money Order Made Payable To:
The North Coast Karate Championship

C/O Mr. Jeff Ellis; 18460 West River Road; Columbia Station, Ohio 44028, along with signed liability waiver, by April 25, 2017. (Must be postmarked on or before April 25th). Applications mailed after this date or received at the tournament must include the $10.00 late fee in addition to the regular entry fees.
Any returned checks will be subjected to a $25.00 service fee. Payment and any additional fees will be collected electronically. Payment by check is your acknowledgment and agreement of this policy.

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*List team members, of EACH team event you will participate in. [Use additional sheet if needed]

Event: _____   *Names* _____   _____   _____

Event: _____   *Names* _____   _____   _____