

HOW TO REGISTER:

Register by completing and emailing this form to NLatlantics2017@gmail.com

Registration Form - Atlantic Karate Championships 2017

Date: _____

Dojo: _____ Sensei(s): _____

Province: _____ Amt: \$ _____

Name: _____ M/F _____

Birth date _____ Age _____

Rank _____ Weight _____ (kg) Height _____ (cm)

Please Check All events you wish to participate in:

KUMITE _____
KATA _____
TEAM KATA _____
TRAINING CAMP _____

TEAM KATA PARTICIPANTS: (3)

1) _____

2) _____

3) _____

Permission of parent/guardian if competitor under 19yrs:

Signature of Parent/Guardian