

## 2019 OZAWA CUP INTERNATIONAL KARATE TOURNAMENT

INDIVIDUAL REGISTRATION FORM	DIVISION INFORMATION
<p>I, (print name) _____                      hereby submit my application for participation in the 2019 Ozawa Cup International Karate Tournament. I hereby acknowledge that there are possible risks of bodily injuries involved in competing in the Tournament. I hereby waive 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 of whatever kind or nature against any Tournament organizer, director, or anyone else involved in any way with the Tournament. I hereby acknowledge that the Tournament organizers for publicity, sales, or promotions, can use any individual, team, or any other pictures or videos taken of me in this Tournament without compensation to me.</p> <p>_____  <i>Signature (Parent or Guardian if under 18)</i></p> <p>_____  <i>Date</i></p>	<p><b>Belt Rank (Kyu or Dan):</b> _____</p> <p><b>Birthday:</b> _____ <b>Age:</b> _____</p> <p>Gender: <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b></p> <p><input type="checkbox"/> Kata: . . . . . Division #: <b>K</b> _____</p> <p><input type="checkbox"/> Kobudo: . . . . . Division #: <b>W</b> _____</p> <p><input type="checkbox"/> Ippon/Nippon Shobu Kumite: Div #: <b>S</b> _____</p> <p><input type="checkbox"/> WKF Kumite: . . . Division #: <b>WKF</b> _____</p>

INDIVIDUAL INFORMATION	DOJO INFORMATION
Please fill out all information below and PRINT CLEARLY	
Your Name:	Sensei's name:
E-mail:	Sensei's e-mail:
Phone:	Dojo's name:
Address:	Dojo Address:
City, State:	City, State:
Zip code or Postal code:	Zip code or Postal code:
Country (if not USA):	Country (if not USA):

KARATE SEMINARS: Please check the appropriate boxes			
<input type="checkbox"/> <b>Seminar A</b> James Tawatao Kata: Jion & Bassai Dai Thursday 4:00 – 6:00 pm	<input type="checkbox"/> <b>Seminar B</b> Tomohiro Arashiro Kata: Anan Dai Thursday 6:30 – 8:00 pm	<input type="checkbox"/> <b>Seminar C</b> James Tawatao Kata: Gojushiho Sho Friday 3:00 - 4:30 pm	<input type="checkbox"/> <b>Seminar D</b> Tomohiro Arashiro Kata: Ohan Friday 5:00 - 6:30 pm

COMPETITION FEES: Please Check Box			SEMINAR FEES: Please Check Box		
# of Events	Pre-register Fee	At the door Fee	# of Seminars	Pre-register Fee	At the door Fee
<input type="checkbox"/> 1 Event	<input type="checkbox"/> \$55	\$75	<input type="checkbox"/> 1 Seminar	<input type="checkbox"/> \$60	\$80
<input type="checkbox"/> 2 Events	<input type="checkbox"/> \$75	\$95	<input type="checkbox"/> 2 Seminars	<input type="checkbox"/> \$80	\$100
<input type="checkbox"/> 3 Events	<input type="checkbox"/> \$95	\$115	<input type="checkbox"/> 3 Seminars	<input type="checkbox"/> \$100	\$120
<input type="checkbox"/> 4 Events	<input type="checkbox"/> \$115	\$135	<input type="checkbox"/> 4 Seminars	<input type="checkbox"/> \$120	\$140
<input type="checkbox"/> 5 Events	<input type="checkbox"/> \$135	\$155	<input type="checkbox"/> 5 Seminars	<input type="checkbox"/> \$140	\$160

Total Competition & Seminars Fees: \$

PLEASE SEND REGISTRATION FORM AND PAYMENT TO:

Ozawa Cup, LLC • PO Box 27134 • Las Vegas, NV 89126-1134

Mail-in Pre-registration Deadline: April 8, 2019