

WARRIORS LEGACY

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SATURDAY OCTOBER 22, 2016

Where Today's Legends Are Born!

KRUSE NATIONAL MILITARY MUSEUM

5634 County Road 11A * Auburn, Indiana
Located Right Off I-69 at Exit 326

Registration Opens: 8:30AM

Black Belt Rules Meeting: 9:30AM

Black Belt Kata Division: 10:00AM

**"TOP SUPPORTING DOJO" WINS
A BRAND NEW WAVEMASTER XXL
AND A HAND-MADE TORII GATE!**

KATA DIVISIONS:

Black Belt 18+ (M & F)

Novice & Advanced Kyu 18+ (M & F)

Co-Ed Kyu age: 6, 7-8, 9-10, 11-13, 14-17

WEAPONS DIVISIONS:

Black Belt 18+ (M & F)

Kyu 18+ (M & F)

Co-Ed Kyu age: 8, 9-10, 11-13, 14-17

TOURNAMENT REGISTRATION FORM

Name: _____ PKC#: _____ Belt/Rank: _____

Telephone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Sensei: [Sensei Amanda Kaufman, Yondan, Tachi Dojo: \[Advancing Karate, Ltd.\]\(#\) Phone: \(419\) 509-4277](#)

Dojo Address: [P.O. Box 162, Perrysburg, Ohio 43552-0162](#) Competitor's Age as of 10/22/16: _____

I do hereby submit my application for participation in this PKC Region #2 LLC Karate event, and I will assume all risk of personal injury (including death) and losses which I may incur by my participation. Acting for myself and m heirs and assignees, I do hereby release the PKC, The PKC Region 2 LLC, the officials of the tournament, all of the contestants, the promoter/host Steven Franz, Franz Karate, Dean V. Kruse Foundation, and any other individuals or organizations connected in any way to this tournament from any liabilities. I also understand that I must have my own insurance policy.

Competitor Signature: _____ Date: _____

Parent or Guardian if competitor is under 18yrs: _____

Please CHECK what you will be competing in:

KATA

CHANBARA

WEAPONS

DEMONSTRATION

KUMITE

ENTRY FEES:

\$50 for one or all events (\$5 discount with PKC card)

\$5 discount per family member (if same household, up to 4)

DUE TO SENSEI KAUFMAN BY 9/30/16!

(CHECK PAYABLE TO "FRANZ KARATE")

SPECTATOR FEES:

\$5/person 6yrs and older (under 5yrs old = FREE)

COMPETITOR FEES: \$ _____

SPECTATOR FEES: \$ _____

TOTAL ENCLOSED: \$ _____