



OCTOBER 27, 2019

TEAM REGISTRATION FORM

Athletes should complete one form per team and submit payment to their Sensei or Dojo Director.

REGISTRATION DEADLINE: OCTOBER 15, 2019

Your dojo may set its own registration deadline. However, please note that all registrations and payments must be received by KKC BY TUESDAY, OCTOBER 15, 2019.

WEBSITE: <https://chicagolandkaratedo.wixsite.com/2019challenge>

DOJO NAME _____ SENSEI'S NAME _____

TEAM NAME _____ SENSEI'S EMAIL _____

SELECT TEAM EVENT The fee is **\$75** per team.

Team Kumite (Rotation)

Open to Intermediate and Advanced belts only. Teams must consist of all male or all female athletes. Athletes may only compete on one kumite team. The age of the oldest team member determines the appropriate division. Tournament directors may combine or split rank levels and/or age groups depending on size of divisions.

- 8 yrs. & under
- 9 yrs. to 11 yrs.
- 12 yrs. to 14 yrs.
- 15 yrs. to 17 yrs.
- 18 yrs. to 34 yrs.
- 35 yrs. & up

Team Kata

Teams may consist of all male, all female, or mixed genders. Athletes may compete in only one kata team. The age of the oldest team member determines the appropriate division. Tournament directors may combine or split rank levels and/or age groups depending on size of divisions.

- 8 yrs. & under
- 9 yrs. to 11 yrs.
- 12 yrs. to 14 yrs.
- 15 yrs. to 17 yrs.
- 18 yrs. to 34 yrs.
- 35 yrs. & up

Family Team Kata

Family Team Kata division may consist of 2 to 5 family members. Teams may consist of all male, all female, or mixed genders. Athletes may compete in only one Family Team Kata team.

HOW TO REGISTER

ATHLETES/PARENTS:

Complete, sign, and submit this Registration Form along with tournament fees to your Sensei or Dojo Director.

SENSEI/DOJO DIRECTORS:

1. Collect the **completed/signed Event Forms for your group** and submit with a **non-refundable payment** (cashier's check or money order payable to "Chicagoland Karate-Do Challenge" in the total amount owed) by **October 15, 2019** to:

Enso Karate
Attention: CKC
412 S. Wells Street, Fl. 7
Chicago, IL 60607

2. Download the **Dojo Roster** spreadsheet from our website and email to us by **October 15, 2019**:

chicagolandkaratedochallenge@gmail.com

You will receive confirmation of your registered athletes and have the opportunity to make corrections.

ATHLETE 1 NAME _____

AGE _____ **GENDER** _____ **RANK** _____ **2020 AAU Number** _____
as of Oct. 27, 2019

For Team Kumite only: **WEIGHT** _____ **HEIGHT** _____

SIGNATURE _____ **DATE** _____
PARENT/GUARDIAN If athlete is under 18 years old as of Oct. 27, 2019

ATHLETE 2 NAME _____

AGE _____ **GENDER** _____ **RANK** _____ **2020 AAU Number** _____
as of Oct. 27, 2019

For Team Kumite only: **WEIGHT** _____ **HEIGHT** _____

SIGNATURE _____ **DATE** _____
PARENT/GUARDIAN If athlete is under 18 years old as of Oct. 27, 2019

ATHLETE 3 NAME _____

AGE _____ **GENDER** _____ **RANK** _____ **2020 AAU Number** _____
as of Oct. 27, 2019

For Team Kumite only: **WEIGHT** _____ **HEIGHT** _____

SIGNATURE _____ **DATE** _____
PARENT/GUARDIAN If athlete is under 18 years old as of Oct. 27, 2019

For Sensei/Dojo Director use: [] Payment received on _____ [] Added to spreadsheet