



2017 Colorado State Championships
Saturday, September 30, 2017 - Eagle, Colorado

Please mail registration form to P.O. Box 1387, Eagle, CO 81631



Check divisions you wish to enter:

- Kumite / Sparring, WKF Kumite / Sparring, Kata / Forms, Kobudo / Weapons

First Name: Last Name:

Date of Birth: Age: Sex: M / F Home Phone:

Email:

Address: City:

State: Zip: Instructor:

School:

Rank: Year Started: Style:

USKA Member Number: Expiration Date:

TOURNAMENT FEES
\$45 1 Event
\$55 2 Events
\$65 3 or 4 Events
FREE Adult Black Belt Judge/Competitor
\$5 # Spectators

\*CASH ONLY at the door.

Check #

Please make all checks payable to: James Lee.

Credit Card: Visa Mastercard Amex

CC#

Expiration Date: CVV:

Cardholder's Signature:

Notice: this agreement contains indemnity and release provisions. In submitting this application, I state that I am physically able to participate in the above mentioned karate tournament and have not been directed by a medical authority against an activity of this type.

Signature: Date:

(By parent/guardian if under 18)