



**37th Annual
ISKF/US National Championship
& National Collegiate Tournament**

**November 14 & 15, 2015
Hyatt Regency
San Francisco Airport
Burlingame, California**

Hosted By
ISKF Northwest Region
Cathy J. Cline
Regional Director
Tournament Director

TABLE OF CONTENTS

General Information	3
Timeline/Deadlines.....	4
Competitor’s Checklist.....	5
Schedule of Events	6
Fees and Admission Prices	8
Dan Fees	9
ISKF Dan Registration Form	10
Application for Judge’s Exam	11
Meritorious Service Award Form	12
Selection of Judges Form.....	13
Seminars Registration Form.....	14
Competitor and Dan Examinee Medical Questionnaire	15
Competitor and Dan Examinee Waiver/Release Agreement.....	16
Competitor Club Affiliation.....	17

ADULT DIVISION

General Information.....	18
Black Belt Adult Individual Regional Representative Seeding Form.....	19
Black Belt Adult Individual Registration Form.....	20
Brown Belt Adult Individual Registration Form.....	21
Adult Regional Team Registration Form	22
Black and Brown Belt Senior Individual Registration Form (Ages 45-54)	23
Black and Brown Belt Senior Individual Registration Form (Ages 55+)	24
Senior Team Kata Registration Form.....	25

COLLEGIATE DIVISION

General Information	26
Collegiate Individual Registration Form	27
Collegiate Team Registration Form	28

YOUTH DIVISION

General Information	29
Youth Individual Registration Form	30
Youth Team Kata Registration Form.....	31

Banquet Reservation Form	32
T-Shirt Order Form.....	33
Tournament Program Book Advertising Space Reservation Form.....	34

GENERAL INFORMATION

2015 ISKF/US National Karate Tournament National Collegiate Tournament/National Youth Tournament National Senior Tournament

November 14-15, 2015

Hosted by ISKF Northwest Region
Cathy J. Cline, Regional Director

Tournament Hotel/Venue: Hyatt Regency San Francisco Airport
1333 Bayshore Highway
Burlingame, CA 94010
1-650-347-1234

ISKF Group Rate: ROOMS ARE LIMITED, SO PLEASE CALL EARLY.
October 12, 2015 is the cut-off date for accepting hotel reservations into the ISKF group guest room block. We secured this room rate with the expectation that all the participants and their families will stay at the tournament hotel.

Please support the tournament and the hosting region by choosing the Hyatt Regency SF Airport.

On-Line Reservation: <https://resweb.passkey.com/go/ISKFSFO>

Telephone Reservations: 1-888-421-1442

ISKF Group Code: 2015 ISKF Nationals

Parking: \$25.00/night for hotel guests

Transportation: Hotel shuttle service is available from the San Francisco Airport

Tournament Contacts: Joji Mercado
650-878-1177 senseimercado@gmail.com

Beckie Brocies (registration information)
425-614-6939 bbrocies@gmail.com

Checks payable to: ISKF Nationals – NW Region

Send all paperwork to: Beckie Brocies
13225 239th Way NE
Redmond, WA 98053

This information/registration packet is also available at <http://www.iskfnw.org/2015Nationals>

TIME LINE/DEADLINES

September 15, 2015	Advertising Space Reservation Form with Ad fees and Ad artwork digital file Meritorious Service Award Form with photo Names of Meritorious Service Award nominees due to Okazaki Sensei, ISKF Headquarters, 222 S. 45 th Street, Philadelphia, PA 19104
October 1, 2015 All paperwork & fees due	ISKF Dan Registration Form with exam and registration fees and one passport-sized photo Application for Judges Exam Selection of Judges Form Competitor Registration Form Competitor & Dan Examinee Medical Questionnaire Competitor & Dan Examinee Waiver/Release Agreement Banquet Reservation Form T-Shirt Order Form Seminar Registration Form
October 12, 2015	Cut-off date for accepting hotel reservations into the ISKF Group guest room block
Thursday, November 12, 2015 6 pm - 9 pm	Competitor/Examinee/Judges check-in table open at the Hyatt Regency SF Airport
Friday, November 13, 2015 Noon	Cut-off time for Dan and Judge's Examination Registrants to report to check-in table at hotel
Friday, November 13, 2015 10 am - 9 pm	Competitor/Examinee/Judges check-in table open at the Hyatt Regency SF Airport

COMPETITOR'S CHECKLIST

- Mouthpiece.....Approved by the ISKF Technical Committee
- White Non-Absorbent Fist Protectors.....Approved by the ISKF Technical Committee
- Uniform.....Standard white karate gi
- Current 2015 ISKF Membership Card.....Non-current cards will be charged \$50 at check-in
- Current semester FT College Student ID.....Required for all collegiate events

SCHEDULE OF EVENTS

ALL EVENTS WILL TAKE PLACE AT THE HYATT REGENCY SAN FRANCISCO AIRPORT

Thursday, November 12, 2015

6 pm - 9 pm Check-in for all competitors, examinees, judges at the Hyatt Regency.

Friday, November 13, 2015

10:00 am - 9:00 pm Check-in for all competitors, examinees & judges at the Hyatt Regency.

9:00 am - 10:00 am NCKA Board of Directors Meeting

10:15 am - 11:45 am ISKF Board of Directors and Board of Governors Meeting

12:00 pm - 12:45 pm Directors and Governors Luncheon

1:00 pm – 3:00 pm Judges Meeting

Judges Exam (Written & Practical)

3:30 pm - 5:00 pm Dan Examinations

7:00 pm - 8:30 pm Training Seminars

Saturday, November 14, 2015

8:00 am Doors Open –

9:00 am Competition, Eliminations and Finals

Youth
Collegiate Color Belts
Collegiate Advanced
Adult Brown Belts

Competition Eliminations

Senior Black and Brown Belt Individual
Senior Team Kata
Adult Black Belt
Adult Team Kata
Adult Team Kumite

SCHEDULE OF EVENTS (Continued)

Sunday, November 15, 2015

11:00 am Doors Open –

12:00 pm Opening Ceremony
Introduction of Honored Guests and Officials
Contestant's Oath

ISKF NATIONAL SENIORS FINAL EVENTS

Women	Kata and Kumite
Men	Kata and Kumite
Team Kata	3 Finalists

DEMONSTRATIONS

ISKF NATIONAL FINAL EVENTS

Women	Individual Kata and Kumite
Men	Individual Kata and Kumite
Team Kata	Women: 3 Finalists Men: 3 Finalists
Team Kumite	Women: 2 Finalists Men: 2 Finalists

INTERNATIONAL GOODWILL TOURNAMENT

5:00 pm CLOSING CEREMONIES

7:00 pm CASH BAR, BANQUET AND ENTERTAINMENT

FEES AND ADMISSION PRICES

ISKF National Karate Tournament Competitors' Registration Fees

ADULT DIVISION	\$35 Individual, single event \$45 Individual, both events \$50 per Team
YOUTH DIVISION	\$25 Individual, single event \$40 Individual, both events \$50 per Team Kata
SENIOR DIVISION	\$35 Individual, single event \$45 Individual, both events \$50 per Team Kata
ISKF NATIONAL COLLEGIATE	\$25 Individual, single event \$40 Individual, both events \$50 per Team

LATE REGISTRATION: There will be a \$10 fee per competitor assessed if registration is postmarked after October 1, 2015.

ANY REGISTRATIONS RECEIVED AFTER October 15, 2015 will be assessed a \$25 late fee per competitor, with no guarantee of a place in the brackets.

JUDGE EXAMINATION FEE

Judge's Examination Friday, November 13: 1:00 pm – 3:00 pm	\$40 per person
---	-----------------

TRAINING SEMINARS FEE

Training Seminars Friday, November 13: 7:00 pm - 8:30 pm	\$25 per person
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SPECTATOR ADMISSION PRICES

No Charge - Donations will be appreciated.

DAN FEES

Dan exam registrations by mail only.

Examination Fee: Make check payable to ISKF Nationals - NW Region

Registration Fee: Make check payable to I.K.A.

Your dan test/registration packet must include:

- Request for Dan Registration form
- 1 passport-size photo
- Medical Questionnaire
- Waiver/Release Agreement
- Examination fee and registration fee in separate checks

	Examination Fee	Registration Fee
Shodan	\$80	\$80
Nidan	\$100	\$110
Sandan	\$120	\$155
Yondan	\$150	\$210
Godan	\$200	\$260
Rokudan	\$250	\$550

All Dan exam registrants must be checked-in by Noon on Friday, November 13, 2015.

DAN REGISTRATION FORMS MUST BE TYPED OR PRINTED ON A COMPUTER.
HAND WRITTEN FORMS WILL NOT BE ACCEPTED.

FILLABLE ONLINE DAN REGISTRATION FORM CAN BE FOUND ON THE ISKF WEBSITE:

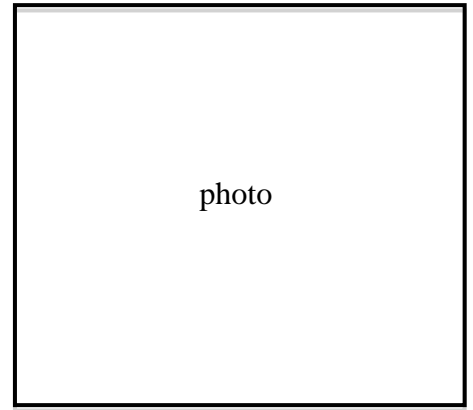
<http://www.iskf.com/images/2014%20ISKF%20Dan%20Reg%20Form.pdf>

Send all paperwork to: Beckie Brocies
13225 239th Way NE
Redmond, WA 98053

Postmarked by: **October 1, 2015**

REQUEST FOR DAN REGISTRATION

*For purposes of clarity all information must be typewritten.
Handwritten forms will be returned.*



photo

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____ Registering for: _____ dan Date of Examination: _____

Examiner: _____ Instructor signature: _____

Club Name: _____ Country: _____ Region: _____

All registration forms must be signed by the Chief Instructor of the examinee's club to be accepted.

PERSONAL INFORMATION

Date of Birth: _____ Gender: M F Height: _____ ft. _____ in. Weight: _____ lbs.

Occupation: _____

Last School or College: _____ Degree: _____

KARATE HISTORY

When did you begin karate practice? Year: _____ Month: _____

Previous Dan Registrations:

Date of Exam	Registration Number	Date of Exam	Registration Number
Sho (1) Dan: _____	_____	Go (5) Dan: _____	_____
Ni (2) Dan: _____	_____	Roku (6) Dan: _____	_____
San (3) Dan: _____	_____	Shichi (7) Dan: _____	_____
Yon (4) Dan: _____	_____	Hachi (8) Dan: _____	_____

I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE ISKF. I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.

Student Signature: _____

FOR EXAMINER'S USE ONLY

Rank Awarded: _____ Examiner's Signature: _____

Promotion by: (circle one): EXAMINATION RECOMMENDATION HONORARY

Remarks:

APPLICATION FOR JUDGE'S EXAM

PLEASE PRINT LEGIBLY

All examinees must be checked-in by Noon on Friday, November 13, 2015.

All examinees who have previous judge ranking must present an ISKF Qualification Card at check-in or will be charged \$40 per qualification.

JUDGES' REQUIREMENTS

For Judge Level	Rank must be at least		
D	Nidan		
C	Sandan		
B	Yondan		
A	Shichidan		
Examination Date: November 13, 2015		Place: 2015 Nationals, San Francisco, CA	
Name:			
Address:			
City:		State:	Zip:
Telephone:		E-Mail:	
Current Judge's Rank (If Any):		Date Tested:	Location:
Current Dan Rank:			
Region:			
Date of Birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Height	Weight
Occupation:			
Last School or College:			Degree:
Applicant's Signature:			

Examination fee: \$40

Checks payable to: ISKF Nationals-NW REGION

Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

MERITORIOUS SERVICE AWARD FORM

Awards Presentation Time & Date: 7 pm, Sunday, November 15, 2015

One individual from each region is selected to receive the Meritorious Service Award for his/her outstanding service and contribution in promoting the growth and goals of the International Shotokan Karate Federation (ISKF). These awards are presented at the ISKF/US National Championships Banquet.

This is to confirm that the following individual will receive the 2015 Meritorious Service Award.

Name: _____

Rank: _____

Club: _____

Region: _____

Brief description of the individual's contribution (approximately 50 words or less):

Please include a photo with name and region on the back (no action photos please; passport-style head shot only). **Photo must be high resolution, print-ready.**

This form & photo must be submitted by **September 15, 2015.**

Electronic submission may be emailed to bbrocies@gmail.com.

Or mail paperwork and photo to: Beckie Brocies
 13225 239th Way NE
 Redmond, WA 98053

**Send nominee's name to: ISKF HEADQUARTERS,
 222 S. 45th Street
 Philadelphia, PA 19104**

SELECTION OF JUDGES FORM

Judges must meet the requirements as established by the International Shotokan Karate Federation (ISKF). The ISKF Technical Committee shall designate the Chief Judge and Arbitrator. A minimum of 3 Judges is requested from each region, 2 of whom must be rated C or above. Each participating judge must show his/her current ISKF-issued Judge's license.

Saturday Judge's uniform: Karate Gi

Sunday Judge's uniform: White long-sleeved shirt with maroon tie, gray pants & navy blazer

Region: _____

This is to confirm that the following persons will serve as Judges at the 2015 ISKF/US National Karate Championships:

	Name	Dan Rank	Judges Rank (A, B, C)	ISKF CERTIFICATION #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature of Regional Director: _____

Postmarked by: **October 1, 2015**

Send paperwork to: Beckie Brocies
13225 239th Way NE
Redmond, WA 98053

SEMINAR REGISTRATION

Time	Date	Instructor / Location
7:00 pm – 8:30 pm	Friday, November 13, 2015	TBA / TBA

Training Fee: \$25.00

Region: _____

	NAME	I/T	3 rd Kyu – Black Belt	10 th – 4 th Kyu	RANK
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Total Amount enclosed: \$ _____

Checks payable to: ISKF Nationals-NW Region

Send all paperwork to: Beckie Brocies
13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

COMPETITOR & DAN EXAMINEE MEDICAL QUESTIONNAIRE

Every competitor and Dan examinee must sign and submit this medical questionnaire

Name:						
Age:		Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	Rank:	
Address:						
State:		City:		Zip:		
Club:						
Region:						

Do you have a history of any of the following conditions? Please check all that apply to you. If you answer Yes to any, please explain:

Condition	Yes w/Explanation	No
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Recent Infection	<input type="checkbox"/>	<input type="checkbox"/>
Bone fracture in past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Concussion or severe head injury in past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Eye Injury	<input type="checkbox"/>	<input type="checkbox"/>
Severe bone bruises requiring padding	<input type="checkbox"/>	<input type="checkbox"/>
Kidney injury	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to medication (list all)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently taking any medications? (list all) _____

Signature of Competitor: _____ Date: _____

(Parent or Guardian, if under 18 years of age): _____

WAIVER/RELEASE AGREEMENT

Every Competitor and Dan examinee must sign and submit this waiver/release.

Event: 2015 International Shotokan Karate Federation Tournament and National Collegiate Tournament, Hyatt Regency San Francisco Airport, San Francisco, CA, November 13-15, 2015.

I understand that there are risks and dangers inherent in participating and/or receiving instruction at the Dan & Judges exams, Clinics and the tournament (all of which will herein be referred to as the EVENT). I also understand that in order to participate and/or receive instruction at the EVENT, I must give up my rights to hold the Hyatt Regency SF Airport, International Shotokan Karate Federation (ISKF), the ISKF Nationals-NW Region, and any and all other clubs, schools, instructors, members, judges, officials and representatives (collectively the "Releases") liable for any injury or damage which I may suffer while participating and/or receiving instruction at the EVENT.

Knowing this, and in consideration of being permitted to participate and/or receive instruction at the EVENT, I hereby voluntarily release the Releases, and each of them, from any and all liability resulting from or arising out of my participation and/or receipt of instruction at the EVENT.

I understand and agree that I am releasing not only the entities and individuals set forth in the paragraph above, but also the officers, agents, principals, partners, shareholders, directors and employees of those entities or individuals.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction at the EVENT.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction at the EVENT. I expressly acknowledge and assume any and all risks that my participation in the EVENT may subject me to personal injury or bodily harm.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold the above-named individuals or entities and their officers, agents, principals, partners, shareholders, directors and employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participating and/or receipt of instruction at the EVENT. Any damage to the hotel or the tournament site that I cause are my full responsibility. Said damages are not the responsibility of the ISKF or the ISKF Nationals-NW Region.

I understand that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Waiver/Release agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction at the EVENT.

Print Name: _____ Date: _____

Sign Name: _____ Witness: _____

Parent/Guardian Release –

I am the parent or legal guardian of the minor _____ and I am signing this Waiver/Release on behalf of said minor.

Print Name of Parent: _____ Date: _____

Signature of Parent: _____

ADULT DIVISION - GENERAL INFORMATION

The National Karate Championship is open to International Shotokan Karate Federation (ISKF/US) members only. Competitors must be at least 18 years old and 3rd kyu or higher, on the day of the tournament, to compete in the Adult Division. Each competitor must present a current ISKF membership card, or they will be charged \$50 at check-in. Please note: In kumite matches, **mouthpiece** and **ISKF-approved white non-absorbent hand protectors** are required for all competitors, regardless of rank. No competitor will be permitted to compete without both. **No eye glasses or safety glasses** will be permitted to be worn during kumite events. Absolutely no jewelry of any type will be permitted to be worn by competitors or officials (male or female). Female competitors may wear white chest protectors, worn inside the gi jacket.

In kata matches, Shodan and above must perform any kata from The Best Karate series #5-#11

Nationals Adult and Senior Individual Events

Brown and black belt individuals will compete in separate events for Adult Competition.

Brown and black belt individuals will be combined in the Senior Competition.

INDIVIDUALS AGES 45 AND ABOVE MUST PARTICIPATE IN THE SENIOR DIVISIONS.

Each region of the ISKF/US may seed the top 4 competitors from its region in the following events: Women's Kata, Men's Kata, Women's Kumite and Men's Kumite

Any member of the ISKF who wishes to compete, and is 3rd kyu or higher, may do so by filling out the appropriate forms and meeting the deadlines for registration.

There are no limits to the number of competitors from one region.

Finalists from each individual event will compete in the finals on Sunday, November 15, 2015.

Nationals Adult and Senior Team Events

Team Kata:

Each ISKF region may send one men's team, one women's team and one mixed senior team, chosen in competition at the regional eliminations.

Kata teams will compete during the eliminations on Saturday, November 14, 2015. The top three men's, women's and senior teams will advance to the finals on Sunday afternoon.

TEAM MEMBERS IN THE SENIOR TEAM KATA DIVISION MAY ONLY PARTICIPATE ON THE SENIOR TEAM AND MAY NOT BE ON AN ADULT TEAM.

Team Kumite:

Each men's team will consist of five members and one alternate.

Each women's team will consist of three members and one alternate.

Each ISKF Region may send one men's and one women's kumite team, chosen in competition at the regional eliminations. Kumite teams will compete during the eliminations on Saturday, November 14, 2015. The top two teams will advance to the finals on Sunday, November 15, 2015.

BLACK BELT ADULT INDIVIDUAL REGIONAL REPRESENTATIVE

SEEDING FORM

Each region may seed the top competitors from its elimination tournament as “previously qualified” for the National Tournament. The maximum number of competitors is four (4) in each of the following events: Women’s Kata, Women’s Kumite, Men’s Kata, Men’s Kumite. Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 18 years of age, Shodan rank or higher, and must present current ISKF membership cards at check-in.

Region: _____

Regional Director’s
Signature: _____

Women’s Kata

	Name	Rank
1.		
2.		
3.		
4.		

Women’s Kumite

	Name	Rank
1.		
2.		
3.		
4.		

Men’s Kata

	Name	Rank
1.		
2.		
3.		
4.		

Men’s Kumite

	Name	Rank
1.		
2.		
3.		
4.		

Send all paperwork to: Beckie Brocies,
13225 239th Way NE
Redmond, WA 98053

Postmarked by: **October 1, 2015**

BLACK BELT ADULT INDIVIDUAL REGISTRATION FORM

Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 18 years of age and must present current ISKF membership cards at check-in.

Registration fees are non-refundable, per competitor:

Single Event: \$35

Both Events: \$45

There are no limits to the number of competitors from one region. Adult individuals may not compete in both the Adult Division and the Senior Division. **Individuals ages 45 and above, must participate in the Senior Division.**

Region: _____

	Name	Rank	Gender	Age	Kata	Kumite	Amount Enclosed
1			M <input type="checkbox"/> F <input type="checkbox"/>				
2			M <input type="checkbox"/> F <input type="checkbox"/>				
3			M <input type="checkbox"/> F <input type="checkbox"/>				
4			M <input type="checkbox"/> F <input type="checkbox"/>				
5			M <input type="checkbox"/> F <input type="checkbox"/>				
6			M <input type="checkbox"/> F <input type="checkbox"/>				
7			M <input type="checkbox"/> F <input type="checkbox"/>				
8			M <input type="checkbox"/> F <input type="checkbox"/>				
9			M <input type="checkbox"/> F <input type="checkbox"/>				
10			M <input type="checkbox"/> F <input type="checkbox"/>				
11			M <input type="checkbox"/> F <input type="checkbox"/>				
12			M <input type="checkbox"/> F <input type="checkbox"/>				
13			M <input type="checkbox"/> F <input type="checkbox"/>				
14			M <input type="checkbox"/> F <input type="checkbox"/>				
15			M <input type="checkbox"/> F <input type="checkbox"/>				

Total Amount enclosed: \$ _____

Make checks payable to: ISKF Nationals-NW Region
 Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053
 Postmarked by: **October 1, 2015**

BROWN BELT ADULT INDIVIDUAL REGISTRATION FORM

Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 18 years of age and must present current ISKF membership cards at check-in.

Registration fees are non-refundable, per competitor:

Single Event: \$35

Both Events: \$45

There are no limits to the number of competitors from one region. Adult individuals may not compete in both the Adult Division and the Senior Division. **Individuals ages 45 and above, must participate in the Senior Division.**

Region: _____

	Name	Rank	Gender	Age	Kata	Kumite	Amount Enclosed
1			M <input type="checkbox"/> F <input type="checkbox"/>				
2			M <input type="checkbox"/> F <input type="checkbox"/>				
3			M <input type="checkbox"/> F <input type="checkbox"/>				
4			M <input type="checkbox"/> F <input type="checkbox"/>				
5			M <input type="checkbox"/> F <input type="checkbox"/>				
6			M <input type="checkbox"/> F <input type="checkbox"/>				
7			M <input type="checkbox"/> F <input type="checkbox"/>				
8			M <input type="checkbox"/> F <input type="checkbox"/>				
9			M <input type="checkbox"/> F <input type="checkbox"/>				
10			M <input type="checkbox"/> F <input type="checkbox"/>				
11			M <input type="checkbox"/> F <input type="checkbox"/>				
12			M <input type="checkbox"/> F <input type="checkbox"/>				
13			M <input type="checkbox"/> F <input type="checkbox"/>				
14			M <input type="checkbox"/> F <input type="checkbox"/>				
15			M <input type="checkbox"/> F <input type="checkbox"/>				

Total Amount enclosed: \$ _____

Checks payable to: ISKF Nationals-NW Region

Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

ADULT REGIONAL TEAM REGISTRATION FORM

Each region may send one team for each of the following team events: Women's Team Kata, Women's Team Kumite, Men's Team Kata, Men's Team Kumite.

All teams must pre-register by **October 1, 2015**. Each team member must submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 18 years of age, 3rdkyu or higher, and must present current ISKF membership cards at check-in.

Registration fees are non-refundable, per team: \$50

Region: _____

Regional Director's
Signature: _____

Women's Team Kata

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Women's Team Kumite

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Men's Team Kata

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Men's Team Kumite

	Name	Rank
1. (Captain)		
2.		
3.		
4.		
5.		
6.(Alternate)		

Total Amount enclosed: \$ _____

Checks payable to: ISKF Nationals-NW Region
Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

BLACK AND BROWN BELT SENIOR INDIVIDUAL REGISTRATION FORM
AGES 45-54

Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must present a current ISKF membership card at check-in.

Registration fees are non-refundable, per competitor:

Single Event: \$35
 Both Events: \$45

There are no limits to the number of competitors from one region. Adult individuals may not compete in both the Adult Division and the Senior Division. **Individuals ages 45 - 54 must participate in this Division.**

Region: _____

	Name	Rank	Gender	Age	Kata	Kumite	Amount Enclosed
1			M <input type="checkbox"/> F <input type="checkbox"/>				
2			M <input type="checkbox"/> F <input type="checkbox"/>				
3			M <input type="checkbox"/> F <input type="checkbox"/>				
4			M <input type="checkbox"/> F <input type="checkbox"/>				
5			M <input type="checkbox"/> F <input type="checkbox"/>				
6			M <input type="checkbox"/> F <input type="checkbox"/>				
7			M <input type="checkbox"/> F <input type="checkbox"/>				
8			M <input type="checkbox"/> F <input type="checkbox"/>				
9			M <input type="checkbox"/> F <input type="checkbox"/>				
10			M <input type="checkbox"/> F <input type="checkbox"/>				
11			M <input type="checkbox"/> F <input type="checkbox"/>				
12			M <input type="checkbox"/> F <input type="checkbox"/>				
13			M <input type="checkbox"/> F <input type="checkbox"/>				
14			M <input type="checkbox"/> F <input type="checkbox"/>				
15			M <input type="checkbox"/> F <input type="checkbox"/>				

Total Amount enclosed: \$ _____
 Checks payable to: ISKF Nationals-NW Region
 Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053
 Postmarked by: **October 1, 2015**

BLACK AND BROWN BELT SENIOR INDIVIDUAL REGISTRATION FORM
AGES 55+

Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 45 years of age and must present a current ISKF membership card at check-in.

Registration fees are non-refundable, per competitor:

Single Event – Kata Only: \$35

There are no limits to the number of competitors from one region. Adult individuals may not compete in both the Adult Division and the Senior Division. **Individuals ages 55 and above must participate in this Division.**

Region: _____

	Name	Rank	Gender	Age	Kata	Amount Enclosed
1			M <input type="checkbox"/> F <input type="checkbox"/>			
2			M <input type="checkbox"/> F <input type="checkbox"/>			
3			M <input type="checkbox"/> F <input type="checkbox"/>			
4			M <input type="checkbox"/> F <input type="checkbox"/>			
5			M <input type="checkbox"/> F <input type="checkbox"/>			
6			M <input type="checkbox"/> F <input type="checkbox"/>			
7			M <input type="checkbox"/> F <input type="checkbox"/>			
8			M <input type="checkbox"/> F <input type="checkbox"/>			
9			M <input type="checkbox"/> F <input type="checkbox"/>			
10			M <input type="checkbox"/> F <input type="checkbox"/>			
11			M <input type="checkbox"/> F <input type="checkbox"/>			
12			M <input type="checkbox"/> F <input type="checkbox"/>			
13			M <input type="checkbox"/> F <input type="checkbox"/>			
14			M <input type="checkbox"/> F <input type="checkbox"/>			
15			M <input type="checkbox"/> F <input type="checkbox"/>			

Total Amount enclosed:

\$ _____

Checks payable to:

ISKF Nationals-NW Region

Send all paperwork to:

Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by:

October 1, 2015

SENIOR TEAM KATA REGISTRATION FORM

Each region may send one kata team for the Senior Team Kata Event. Teams may be a mix of male and female competitors.

TEAM MEMBERS IN THE SENIOR TEAM KATA DIVISION MAY ONLY PARTICIPATE ON THE SENIOR TEAM AND MAY NOT BE ON AN ADULT TEAM.

All Teams must pre-register by **October 1, 2015**. Each team member must submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be **45** years of age and above and must present a current ISKF membership card at check-in.

Registration fees are non-refundable, per team: \$50

Region: _____

Regional Director's
Signature: _____

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Total Amount enclosed: \$ 50

Checks payable to: ISKF Nationals-NW Region

Send all paperwork to: Beckie Brocies
13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

COLLEGIATE - GENERAL INFORMATION

The National Collegiate Karate Tournament is open to International Shotokan Karate Federation (ISKF/US) members who are full-time graduate or undergraduate students in good standing of a United States college, university or junior college. Competitors must be at least 18 years old. Competitors must present valid proof of full-time student status for current semester, and current ISKF membership cards. In team competition, all members of a team must be students of the same school.

Competition rules for kumite/kata competitors and judges are those established by the ISKF. Please take note of specific contest rules listed below:

Collegiate Individual Events

Beginners Unranked to 7 th Kyu	Intermediate 6, 5, 4 Kyu	Advanced 3 rd Kyu and above
Men's/Women's Kata	Men's/Women's Kata	Women's Kata Men's Kata
Men's Kumite	Men's Kumite	Men's Kumite
Women's Kumite	Women's Kumite	Women's Kumite

All Collegiate Divisions will conclude on Saturday, November 14, 2015.

There is no limit to the number of contestants from one school.

Collegiate Team Events

All members of a collegiate team must be from the same college/university. Only one team per school is allowed in each of the following events: Team Kata, Women's Team Kumite, Men's Team Kumite

Team Kata

Teams may be composed of any combination of ranks and any combination of gender.

Team Kumite

Men's team and women's team may be composed of any combination of ranks.
A team is composed of three members and one alternate

Collegiate Contest Rules

Please refer to the official Tournament Rules & Regulations Booklet which can be downloaded at:
www.iskf.com

COLLEGIATE INDIVIDUAL REGISTRATION FORM

Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 18 years of age, full-time undergraduate or graduate college student; no part-time students will be allowed to compete. **Proof of college enrollment for current semester and current ISKF membership cards must be presented at check-in.**

Registration fees are non-refundable, per competitor:

Single Event: \$25
Both Events: \$40

School: _____

City: _____ State: _____

Coach: _____

Region: _____

Ranking Categories:

Beginner: Unranked to 7th Kyu
Intermediate: 6th kyu to 4th kyu
Advanced: 3rd Kyu and Above

	Name	Rank (kyu/dan)	Gender	Age	Kata	Kumite	Amount Enclosed
1			M <input type="checkbox"/> F <input type="checkbox"/>				
2			M <input type="checkbox"/> F <input type="checkbox"/>				
3			M <input type="checkbox"/> F <input type="checkbox"/>				
4			M <input type="checkbox"/> F <input type="checkbox"/>				
5			M <input type="checkbox"/> F <input type="checkbox"/>				
6			M <input type="checkbox"/> F <input type="checkbox"/>				
7			M <input type="checkbox"/> F <input type="checkbox"/>				
8			M <input type="checkbox"/> F <input type="checkbox"/>				
9			M <input type="checkbox"/> F <input type="checkbox"/>				
10			M <input type="checkbox"/> F <input type="checkbox"/>				
11			M <input type="checkbox"/> F <input type="checkbox"/>				

Total Amount enclosed: \$ _____

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Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

COLLEGIATE TEAM REGISTRATION FORM

Each team member must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. Competitors must be at least 18 years of age, full-time undergraduate or graduate college students only; no part-time students will be allowed to compete. **Proof of college enrollment for current semester and current ISKF membership cards must be presented at check-in.**

Only one team per event, per school. Teams may be composed of any combination of rank.

ALL MEMBERS OF A TEAM MUST BE FROM THE SAME COLLEGE

Registration fees are non-refundable, per team: \$50

School: _____

City: _____ State: _____

Coach: _____

Region: _____

Team Kata

(Kata Team may be any gender combination)

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Women's Team Kumite

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Men's Team Kumite

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Total Amount enclosed: \$ _____

Checks payable to:

ISKF Nationals-NW Region

Send all paperwork to:

Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by:

October 1, 2015

YOUTH DIVISION - GENERAL INFORMATION

Age-Rank Qualifications and Rules

All eligible youth competitors must be a member in good standing with the International Shotokan Karate Federation. They must be between the ages of 7 and 17 years old.

The number of participants in each category will determine if adjustments will need to be made, if any, to their categories. If any division has fewer than 5 competitors, we reserve the right to combine divisions.

Individual

The competition is open to both male and female competitors and will include five age categories as follows:

Ages 7-9, 10-11

Boys and girls will be combined in the following groups:

Ungraded to 7th Kyu Kata Kumite

6th Kyu to 4th Kyu Kata Kumite

3rd Kyu and above Kata Kumite

Ages 12-13, 14-15,
16-17

Boys and girls will be combined in the following groups:

Ungraded to 7th Kyu Kata Kumite

6th Kyu to 4th Kyu Kata Kumite

3rd Kyu and above Kata

Boys and girls will be separate in the following groups:

3rd Kyu and above Boys Kumite Girls Kumite

Team: Team Kata will be open to all ages, rank and gender. The number of youth teams per region is not limited.

Finals: All divisions will conclude on Saturday, November 14, 2015.

Youth Contest Rules

Please refer to the official Tournament Rules & Regulations Booklet which can be downloaded at: www.iskf.com

YOUTH INDIVIDUAL REGISTRATION FORM

Each region may send an unlimited number of competitors in each of the three divisions (Ungraded to 7th Kyu, 6th Kyu to 4th Kyu, 3rd Kyu and above) in each of the above age groups:

Each competitor must pre-register by **October 1, 2015**, and submit a Medical Questionnaire and a Waiver/Release Agreement. **Parents who do not accompany their minor children must assure that these forms are submitted.**

Competitors must be 7 - 17 years of age **on the date of the event** and must present a current ISKF membership card at check-in.

Registration fees are non-refundable, per competitor:

Single Event: \$25

Both Events: \$40

Region: _____

	Name	Rank kyu/dan	Gender	Age	Kata	Kumite	Amount Enclosed
1			M <input type="checkbox"/> F <input type="checkbox"/>				
2			M <input type="checkbox"/> F <input type="checkbox"/>				
3			M <input type="checkbox"/> F <input type="checkbox"/>				
4			M <input type="checkbox"/> F <input type="checkbox"/>				
5			M <input type="checkbox"/> F <input type="checkbox"/>				
6			M <input type="checkbox"/> F <input type="checkbox"/>				
7			M <input type="checkbox"/> F <input type="checkbox"/>				
8			M <input type="checkbox"/> F <input type="checkbox"/>				
9			M <input type="checkbox"/> F <input type="checkbox"/>				
10			M <input type="checkbox"/> F <input type="checkbox"/>				

Total Amount enclosed: \$ _____

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 Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

YOUTH TEAM KATA REGISTRATION FORM

Each region may send an unlimited number of kata teams for the Youth Team Kata Event. Teams may be made up of any combination of age, rank and gender. Competitors must be 7-17 years of age **at the time of the event** and must present current ISKF membership cards at check-in.

All Teams must pre-register by **October 1, 2015**. Each team member must submit a Medical Questionnaire and a Waiver/Release Agreement. **Parents who do not accompany their minor children must assure that these forms are submitted.**

Registration fees are non-refundable, per team: \$50

Region: _____

Regional Director's Signature: _____

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

	Name	Rank
1. (Captain)		
2.		
3.		
4. (Alternate)		

Total Amount enclosed: \$ _____

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Postmarked by: **October 1, 2015**

BANQUET RESERVATION FORM

Event Time & Date: 7:00 pm
 Sunday, November 15, 2015

Location: Hyatt Regency SF Airport

The banquet is open to all participants, family and friends. Please plan to attend with others from your region. Banquet fees are non-refundable. There will be a cash bar.

Buffet: \$60.00/ person

Region: _____

	Name	Amount Enclosed
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____

Total amount enclosed: \$ _____

Checks payable to: ISKF Nationals-NW Region

Send all paperwork to: Beckie Brocies
 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

T-SHIRT ORDER FORM

Order your 2015 ISKF Tournament T-shirt. Only short sleeve t-shirts are available. All shirts will be available for you when you check-in at the tournament.

Price: \$25 (all sizes), short sleeve only

Sizes: Adult - S, M, L, XL, XXL

Region: _____

	Name	Size	Quantity	Amount Enclosed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Total Amount Enclosed: \$ _____

Checks payable to: ISKF Nationals-NW Region

Send all paperwork to: Beckie Brocies, 13225 239th Way NE, Redmond, WA 98053

Postmarked by: **October 1, 2015**

**2015 ISKF National Karate Tournament
Program Advertising Form
November 14-15, 2015**

Hosted By
The Northwest Region
International Shotokan Karate Federation

Deadline for camera-ready art and ad space payment: September 15, 2015, no later.

Advertising Rates:

Full Page (inside cover)	10"high x 7-1/2" wide	\$500
Full Page (interior)	10"high x 7-1/2" wide	\$350
Half Page	5" high x 7-1/2" wide	\$180
Quarter Page	5" high x 3-3/4" wide	\$100
Eighth Page	2-1/2" high x 3-3/4" wide	\$ 75

Artwork should be camera ready. Photographs must be half toned. PDFs must be saved/exported as "High Quality" or "Print Quality". Artwork should be supplied with fonts embedded and at a high resolution (300dpi). Any copy not already typeset must be typed, not hand written. Business cards may be used for art. Inside cover ads may be in color. All other ads in black/white only.

Ad size (Please check one):

Inside Cover (Call for availability) **Full Page** **Half Page** **Quarter Page** **Eighth Page**
Cover ads may be in color.

Company Name: _____

Company Address: _____

Company Representative: _____ *Phone:* _____

Signature: _____ *Date:* _____

Total Amount Enclosed: \$ _____

Please make checks payable to: ISKF Nationals-NW Region

Please send advertisements and checks to:

Beckie Brocies
13225 239th Way NE
Redmond, WA 98053
425-614-6939
bbrocies@gmail.com