

**ISKF/US 2018 NATIONAL TOURNAMENT  
NW REGION REGISTRATION INFORMATION**

Date: November 3-4, 2018  
 Location: Sioux Falls Arena & Convention Center, Sioux Falls, SD  
 Website: <https://iskf.com/40th-annual-iskf-us-national-karate-championships/>  
 Reg. Deadline: Sept. 15

Complete this form if you wish to compete individually, judge or attend training seminar (instead of finding and completing all of the individual forms in the registration packet). For examinations, check with Sensei Cline for eligibility, then complete this form *and* the individual forms in the registration packet. For other events, such as collegiate and team competition, complete this form *and* the individual forms. Information on dates, times, hotel, divisions & examinations is found in the registration packet, downloadable above.

Complete waiver/release & medical questionnaire if competing or taking an exam.

Make check for total (except Dan Registration) payable to *ISKF NW REGION*. Make the Dan Registration check payable to *ISKF*. and include it with registration form and photo. Send all materials to ISKF Northwest Region, 911 Evergreen Dr., Bellevue, WA 98004.

Name: \_\_\_\_\_ Dojo: \_\_\_\_\_

**Competition** (Find competition fees in the reg packet on pg. 7):

✓	Age	M/F	Rank	Kata (✓)	Kumite (✓)	Amount
						\$

**Judging:**

✓	Dan Rank	Judging Rank	Judging Certification Number

**Dan Exam** (Additional form required, Info & Fees in reg. packet on pg. 8):

✓	Rank	Form & Pic Enclosed (✓)	Reg Fee Enclosed (✓)	Testing Fee
				\$

**Judging Exam** (Additional form required, reg. packet pg. 10):

✓	Judging Rank	Testing Fee
		(Cost \$80 first test, \$40 ranked judges) \$

**T-Shirts** (Sizes: Adult – S, M, L, XL, XXL·Youth – S, M, L):

Qty _____ Adult _____ Youth _____ Size: _____	Amount (Cost \$25 ea)	\$ _____
Qty _____ Adult _____ Youth _____ Size: _____	Amount (Cost \$25 ea)	\$ _____

**Training Seminar(s):**

Attending (0-2) _____ Which _____	Amount (Cost \$25 ea)	\$ _____
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**Banquet:**

Qty _____	Amount (Cost \$60 ea)	\$ _____
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**Other Costs, e.g. Collegiate** (Additional forms required):

Item	Amount

**Total Enclosed:** \_\_\_\_\_ \$ \_\_\_\_\_

If you have *any* questions about the forms/fees/registration packet, please contact Beth Fournier:  
 Email: [beth.fournier@gmail.com](mailto:beth.fournier@gmail.com) Phone: 425-455-9058.