

Competitor Application.

Name: _____ Age: _____ D.O.B: _____

Gender: Male Female

Height cm: _____ Weight kg: _____

Kata Kumite Both

Address: _____

Phone: _____ e mail: _____

(Please be as accurate as possible, Age is a not a sole determining factor in the Kumite section due to the variance in sizes in the Junior age groups. It is used as a general classification, however, if the competitor is larger or smaller than average, they will be placed into a category more suited to their size for safety reasons).

Experience:(circle one) Novice (0-2 comps) Advanced (3-5 comps) Elite (>5 comps)

Length of training: _____

Divisions entered (see attached): _____

Name of Club: _____

Instructor: _____

Instructors endorsement:

(Instructor/Coach to verify all above details are correct and the correct Divisions have been entered)

NOTE: The organisers of the Gold Coast Budo challenge reserve the right to be able to merge divisions or place competitors in the most suitable division available, subject to consultation.

Entry deadline: 17th September 2017 (entries after this date will incur a processing further fee of \$20)

Completed entries should be sent to:

Mail: Tournament Committee email: gcbc2017@outlook.com

P.O. Box 476

Tugun

Qld. 4224

Entry fee: Competitor **\$20 only**

Payment:

Cheques made payable to: Kyokushin Karate Gold Coast Inc.

Bank Deposit: BSB 484 799 Acc. 071235966 Name: Kyokushin Karate Gold Coast Inc.

(Please remember to identify the competitor/s Name in the reference box)

All entries should include:

Completed and checked: Competitor application form; Signed waiver; Cheque or proof of payment.