



REGISTRATION FORM



Preregistration is required and must be received no later than **May 27** for training and **June 1** for tournament

Please note \$10 late fee for those registering after May 27



PRICES			
1 class	\$30	1 class + tournament	\$65
2 classes	\$55	2 classes + tournament	\$85
3 classes	\$80	3 classes + tournament	\$110
4+ classes ...	\$110	4+ classes + tournament ...	\$130
Tournament only	1 Event \$40	2+ Events	\$50
Monday Black Belt Social	No charge		
Friday Skybox Social	\$20		
Saturday Sayonara Banquet (includes 1 drink ticket).....	\$65		



NOTE: For families of 3 or more who are registering, please talk with the office about family discounts that can be applied based on what you are registering for.

HOW TO REGISTER

- Please ensure you check off all applicable boxes with regards to training, tournament and socials.
- If you sign up for 1 class and later want to add more if your schedule opens up, please contact the office for assistance.
- If you sign up for multiple classes and don't attend, refunds will not be issued unless extenuating circumstances.
- Fill out this registration form and bring it to your dojo with payment if you are a student of Sensei deSa, Vranas or Rooke. Preferred payment is cheque or cash, but if you choose to etransfer to spiritofthenorth@shaw.ca, please ensure you include name of who it is for.
- If you are from another dojo not listed above please scan and email your registration form and then pay via etransfer to: spiritofthenorth@shaw.ca. Alternatively you are free to drop it by or mail it with cheque or money order made out to Spirit - 3 Rowland Crescent, St. Albert, AB T8N 4B2.

Please ensure you include name of who registration is for in the notes if you etransfer.

Name _____

Age (at date of tournament) _____ M F

Number of classes attending 1 2 3 4

I am not competing

I am competing Kata Kumite Kobudo
of yrs training _____

Karate Rank _____ Kobudo Rank _____

Mandatory if sparring Height _____ Weight _____

Black Belt Welcome Social Skybox Social Friday

Sayonara Banquet # of Tickets _____

Name _____

Age (at date of tournament) _____ M F

Number of classes attending 1 2 3 4

I am not competing

I am competing Kata Kumite Kobudo
of yrs training _____

Karate Rank _____ Kobudo Rank _____

Mandatory if sparring Height _____ Weight _____

Black Belt Welcome Social Skybox Social Friday

Sayonara Banquet # of Tickets _____

Training/Tourney: \$ _____ Skybox Social: \$ _____

Training only: \$ _____ Sayonara Banquet: \$ _____

Tourney only: \$ _____ Overall Total: \$ _____

Plus \$10 late fee if registering after May 27.

Training/Tourney: \$ _____ Skybox Social: \$ _____

Training only: \$ _____ Sayonara Banquet: \$ _____

Tourney only: \$ _____ Overall Total: \$ _____

Plus \$10 late fee if registering after May 27.

Best Phone Number: _____ Email: _____

Name of Sensei: _____ Style: Uechi Ryu Other _____

Total amount paid: \$ _____

- Cheque/money order made payable to Spirit Cash
- etransfer to spiritofthenorth@shaw.ca