

## 2012 OZAWA CUP INTERNATIONAL KARATE TOURNAMENT

INDIVIDUAL REGISTRATION FORM	DIVISION INFORMATION
<p>I, (Print Name) _____                      hereby submit my application for participation in the 2012 Ozawa Cup International Karate Tournament. I hereby acknowledge that there are possible risks of bodily injuries involved in competing in the Tournament. I hereby waive and release any and all claims, causes of action, loses, damages, cost expenses including but not limited to attorney fees, either known or unknown, now existing or arise in the future that may have of whatever kind or nature against any Tournament organizer, director, or anyone else involved in any way with the Tournament. I hereby acknowledge that the Tournament organizers for publicity, sales, or promotions can use any individual, team, or any other pictures or videos taken of me in this Tournament without compensation to me.</p> <p>_____  <i>Signature (Parent or Guardian if under 18)</i></p> <p style="text-align: right;">_____  <i>Date</i></p>	<p><b>Rank or Belt color:</b> _____</p> <p><b>BirthDay:</b> _____ <b>Age:</b> _____</p> <p>Gender: <input type="checkbox"/> <b>Male</b> or <input type="checkbox"/> <b>Female</b></p> <p><input type="checkbox"/> Kata: . . . . . Division #: <b>K</b>_____</p> <p><input type="checkbox"/> Kobudo: . . . . . Division #: <b>W</b>_____</p> <p><input type="checkbox"/> Ippon Shobu Kumite: Division #: <b>S</b>_____</p> <p><input type="checkbox"/> WKF Kumite: . . Division #: <b>WKF</b>_____</p>

INDIVIDUAL INFORMATION	DOJO INFORMATION
<b>Please fill out all information below and PRINT CLEARLY</b>	
Your Name:	Dojo's name:
E-mail:	Sensei's name:
Phone:	Sensei's e-mail:
Address:	Dojo Address:
City, State:	City, State:
Zip code or Postal code:	Zip code or Postal code:
Country (if not USA):	Country (if not USA):

MASTER'S SEMINARS: Please check the appropriate boxes						
<input type="checkbox"/> Seminar A James Tawatao	<input type="checkbox"/> Seminar B T. Arashiro	<input type="checkbox"/> Seminar C James Tawatao	<input type="checkbox"/> Seminar D Fritz Nopel	<input type="checkbox"/> Seminar E Y. Marutani	<input type="checkbox"/> Seminar F James Tawatao	<input type="checkbox"/> Seminar G T. Arashiro

COMPETITION FEES: Please Check Box			SEMINAR FEES: Please Check Box		
# of Events	Pre-register Fee	At the door Fee	# of Seminars	Pre-register Fee	At the door Fee
<input type="checkbox"/> 1 Event	<input type="checkbox"/> \$55	\$75	<input type="checkbox"/> 1 Seminar	<input type="checkbox"/> \$60	\$80
<input type="checkbox"/> 2 Events	<input type="checkbox"/> \$75	\$95	<input type="checkbox"/> 2 Seminars	<input type="checkbox"/> \$80	\$100
<input type="checkbox"/> 3 Events	<input type="checkbox"/> \$95	\$115	<input type="checkbox"/> 3 Seminars	<input type="checkbox"/> \$100	\$120
<input type="checkbox"/> 4 Events	<input type="checkbox"/> \$115	\$135	<input type="checkbox"/> 4 Seminars	<input type="checkbox"/> \$120	\$140
<b>Total Fees Seminars and Competition</b>		\$ _____	<input type="checkbox"/> 5 Seminars	<input type="checkbox"/> \$140	\$160
			<input type="checkbox"/> 6 Seminars	<input type="checkbox"/> \$160	\$180
			<input type="checkbox"/> 7 Seminars	<input type="checkbox"/> \$180	\$200

**Mail-in Pre-registration Deadline: 4/22/2012**

**PLEASE SEND REGISTRATION FORM AND PAYMENT TO:**  
**Ozawa Cup, LLC • PO Box 27134 • Las Vegas, NV 89126-1134**