

SHITO-RYU KARATE-DO GENBU-KAI OF PENNSYLVANIA

1419 SAMPSON ST. NEW CASTLE, PA 16101 (724) 614-4726

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ E-mail: _____
Age: _____ Rank: _____
Instructor: _____ Dojo: _____

Please return this form to your instructor by June 19th.

If mailing forms, please mail to Chad Assid, 3466 Tuscarora Dr. New Castle, PA 16105

Friday, June 27 - Scottish Rite Cathedral (110 E Lincoln Ave, New Castle, PA 16101)

5:00 – 6:00 PM Karate-Do (All ranks and ages) _____ \$20
6:10 – 7:10 PM. Bo – (All ranks and ages) _____ \$20
7:20 – 8:20 PM Kumite (All ranks and ages) _____ \$20
8:30 PM Tournament officials meeting

Saturday, June 28 – Tournament – Scottish Rite Cathedral (110 E Lincoln Ave, New Castle, PA 16101)

8:00AM Tournament Registration _____ \$50
(See separate tournament registration form)

Saturday, June 28 – Awards Banquet (Gallo’s Italian Villa)- 2420 Wilmington Rd. New Castle, PA 16105)

(Special Guest :)

7:00-9:30PM

\$45/Adult Number _____ Amount\$ _____

\$30/Child 10 and under Number _____ Amount\$ _____

3 and under FREE

Sunday June 29 - Pennsylvania Genbu-Kai Dojo (1419 Sampson St. New Castle, PA 16101)

8:00 – 9:30 AM Black & Red Belt Kata _____ \$25
9:45 – 11:00 AM Kata (All kyu ranks) _____ \$20
11:00 – 11.30 Lunch Break
11:30 – 12:30 Sai _____ \$20
12:30 – 1:30PM Batto _____ \$20
1:30PM Testing (must have instructors permission)

Total Amount Due: \$ _____

BLACK BELTS: Pay \$100 for all seven seminars (save \$45.00)

Payment must be accompanied by registration forms/liability release forms. Make all checks payable

To: CHAD ASSID.

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Japan Karate-do Genbu-Kai of Pennsylvania Seminars and Tournament, and do hereby assume full responsibility for any damages, injuries or loss that I may incur, if any, while participating or attending, and I hereby waive all claims against the promoters or sponsors, Scottish Rite Cathedral Foundation, Gallo’s Italian Villa, of said karate event, individually, or otherwise, for any claims or injuries I might sustain. I fully understand that any medical treatment given me will be of a first aid nature only. I also consent that any pictures furnished by me or taken of me in connection with these events may be used for publicity, promoting, or television showing, and I waive compensation in regard thereto.

Participants Signature

Date

Parents/Guardian Signature if participant is under 18 years of age

Date