

## **National Training Camps**



## **Registration Form**

		- 7		
			Club:	
Athlete Background:		Junior / Intermediate / S	enior	
National Team Selection:		Battle Series II / China II / PANAM / Jr Worlds		
Date of Camp	:			
Name:		(first)		(last)
Address:	#	Street		
	City	Province	Postal Code	
Email:			··	
Phone:	()			
Mai	5008 Sou	Council of Amateur Spor th Service Road, Burling nhq@kickboxingcan	ton, Ontario, L7L 5Y7	y) to:
VISA-M	aster Card Numb	oer:		
Expiry Date:		(month)	(year)	
Name on	Card:			
I hereby	authorize the charg	ging of \$75 for the CASK training	g Camp:(initial)	

All camps are mandatory for Ontario Athletes trying out for any WAKO Canada National Teams. Selection for all National Teams are made by a combination of specific competition results and participation in National Team Camps. Contact the WAKO Canada Office for specific requirements for National Team selection.