<u> 2018 PROVINCIAL CHAMPIONSHIP – November 10-11</u> RING SPORT KICKBOXING - Junior Athletes (A- 10-12) (B - 13-15)

*** Make additional copies of registration form if needed.

N 1		Club: Coach(es):					Indicate the total number of bouts each athlete has had in their experience category			Indicate 1 st , 2 nd and 3 rd choice			
						'		4		V	+	1	
1	Last Name	First Name	WAKO Passport Code (DO NOT enter any athlete if you do not have this code. Only athletes that provide their 2018 code at the time of registration will be entered)	M	F	Date of Birth (D/M/Y)	NOV 0-10 bouts	OPEN 11 + bouts	Weight Division	K1 (K1 Rules)	FC (Full Contact)	LK (Low Kick)	
2													
3													
4													
5													
I wish to pay by VISA Master Card (check one) Card #:					Under Unde	10NS ABOVE No. 40; 44; 48; 52; 5 er 40; 44; 48;51; 5 enber Club Registr	6; 60; 65; 70 64; 57; 60; 6	0; Over 70 3.5; 67; 71	kg ; 75; 81				
Amou I agree available owners change	ant authorized to charge - # A to the following - Athletes will be to the in their registered choice. Novice will be notified of any changed div by email within 3 days of the draft the. No refunds are provided for an	Athletes x \$75 / \$1 (Circle apmoved to another division, disceed and Open class athletes may be isions. Refunds are only provided drawings being send. Refunds to	Repropriate fee) inpline or category if a division is not e combined due to low numbers. Clubed if the Club owner declines the will also be provided if no bout is reason.	gular Dea e Deadlin NO REG	dline e ISTRA	Register by noon Fri Register by noon Fri Register by noon Fri TIONS ACCEPTI Previewed this athle	day October 5 ¹ day November ED AFTER F	h \$10 2 nd \$12 Friday Nov	00 per ath 25 per ath ember 2		ivision ivision on (12p	m)	

Please complete form accurately and email to nhq@kickboxingcanada.org or mail with a certified check or money order to:

Council of Amateur Sport Kickboxing - 5008 South Service Road, Burlington, Ontario, L7L 5Y7