

National Training Camps



Registration Form

| | | | Club: |
|--------------------------|------------------------|--|--|
| Athlete Back | kground: | Junior / Intermediate / Ser | nior |
| National Team Selection: | | North American Championship (August Georgia) / World Championship (Bosnia) | |
| | | | |
| Name: | | (first) _ | (last) |
| Address: | | | |
| | # | Street | |
| | City | Province | Postal Code |
| Email: | | | · |
| Phone: | () _ | - | |
| Ma | Co 5008 South | ration form, \$75 trainir nuncil of Amateur Sport Service Road, Burlingt nhq@kickboxingcana ation Deadline – 12 pm - N | on, Ontario, L7L 5Y7 ada.org |
| VISA-N | Master Card Number | : | |
| Expiry 1 | Date: | (month) | (year) |
| Name o | n Card: | | |
| I hereby | authorize the charging | | ning Camp:(initial)** here is a no-refund policy if I am unable to attend this camp. |

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.