



## South Island Regional Championships

Villa Maria College, Christchurch  
5-6 May 2007  
Individual Competitor Entry Form



Name: \_\_\_\_\_ Rank: \_\_\_\_\_ (Gup / Dan)

Address: \_\_\_\_\_

Club: \_\_\_\_\_ Gender: Male / Female

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_

### Events Entered

Patterns  Sparring  Special Technique  Power Test\*  Team

\* Power Test is restricted to black belts of 18+ years, exemptions at the discretion of the tournament arbiter.  
Entry Fees: Individual: \$30; Families: 2 person: \$50; 3 person \$60; 4person plus \$70. Late fee \$10 per person

**Dinner Tickets:** The dinner will be held at Robbies Restaurant, 8 Yaldhurst Road meals will be paid to the restaurant individually. Meals cost from approximately \$10 up. Please indicate how many people will be attending for booking purposes.

Number bookings required: Adults \_\_\_\_\_  
Children 12 and under \_\_\_\_\_

### Regional Team Registration of Interest:

If you are interested in trailing for the Regional team who will compete at the Nationals in Auckland in October please indicate the events that you wish to trial for here. This is not a definite confirmation of you attending.

Patterns  Sparring  Special Technique\*  Power Test\*\*  Team\*

\*Special Technique and the Team Event is restricted to Black Belts only

\*\*Power Test is restricted to black belts of 18+ years only

### Disclaimer

1. I will not hold ITFNFZ, the tournament organisers or tournament officials for any loss of personal property or injury sustained during the course of the tournament.
2. I agree to abide by the ITFNFZ Tournament Rules as approved by ITFNFZ.
3. I acknowledge that if I am not a Registered member of ITFNFZ I may not be allowed to compete.
4. I attest that all the above information is true and correct. I understand that spot checks can be carried out and that inconsistencies could cause my removal from competition.

### **Signed:**

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
Form must be correct before signing

Competitor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
If competitor under 18 this form must be signed by a parent or guardian.

Entry Forms, with payment, are to be returned to YOUR INSTRUCTOR to be sent to:

Grant Evans, 49 Laing Cres, Christchurch 8022, by Friday 20<sup>th</sup> April. Late entries must be accompanied by the late fee and they still may not necessarily be accepted.