

# Tournament Entry Form:

Please Print

Name \_\_\_\_\_ Dojo/Club \_\_\_\_\_

Address \_\_\_\_\_ Rank \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Order	Item	Cost	Quantity	Total
	Adult	\$20, \$25, \$30		
	Children (under16)	\$10, \$12, \$15		
	Late Registration (after Oct 29th)	+ \$5		
	Non-AUSKF* Members	+ \$5		
	Tournament Lunch	\$10		
	Banquet – adult	\$25		
	Banquet – children 10 & under	\$15		
			<b>Grand Total</b>	

Please make checks out to **Valley View Kendo Dojo**

\* Fee for members of an AUSKF Regional Federation (MWKF, AEUSKF, etc) who have not joined the AUSKF – you must be a member of an AUSKF Regional Federation to participate, excepting Canadian Kendo Federation members or other IKF members,

## WAIVER

In consideration of my participation in the 17th Annual Midwest Kendo Federation Tournament, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and causes of action I have or may have against the Midwest Kendo Federation, Valley View Kendo Dojo, Hokkyokusei Kendo Kai, La Crosse, WI School District, and their affiliates, agents, employees, officers, directors, instructors, successors and assigns, any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 17th Annual Midwest Kendo Federation Tournament, and any pre- or post-tournament activities. I attest and verify that I have full knowledge of the risks involved in the practice of kendo, that I am physically fit and that I have trained sufficiently for this event.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if under 18 years old)

\_\_\_\_\_  
Date

**Send to:**

Steve Voss  
2045 43<sup>rd</sup> Street NW  
Rochester, MN 55901

Day (507)-266-4539 or [vossenshu@aol.com](mailto:vossenshu@aol.com)