



WORLD KATA

— 2019 —
27 APRIL

JUNIORS

Country: _____

Coach: _____

Boys

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
4					

Girls

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
4					

Team 1

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
reserve					

Team 2

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
reserve					

After the tournament draw has been made, teams cannot change between their main team members and their reserve team member. Send the forms to info@ifkworldkata.nl - entry closing date 15 February 2019



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Adults

Country: _____
 Coach: _____

Men

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
4					

Women

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
4					

Team 1

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
reserve					

Team 2

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
reserve					

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Judges

Country: _____

	Surname	Name	Date of birth	Grade	IFK registration number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Each country can send as many potential judges as they want. All potential judges need to participate during the referee courses given during the seminar. The main judge, Shihan Janine Davies, will select the judges during these courses. Send the forms to info@ifkworldkata.nl - entry closing date 15 February 2019



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Individual entry form

Participant informaton

Surname _____
 Name _____
 Country _____
 Date of Birth _____
 Gender _____
 Grade _____
 IFK registration number _____

Accomodation informaton

Accommodation type	Full event (24 – 28 April)	Seminar only (24 – 26 April)	WC only (26 – 28 April)
3-star twin room (shared, 2 beds)	<input type="checkbox"/> 440	<input type="checkbox"/> 235	<input type="checkbox"/> 240
3-star single use room	<input type="checkbox"/> 540	<input type="checkbox"/> 285	<input type="checkbox"/> 290
4-star twin room (shared, 2 beds)	<input type="checkbox"/> 490	<input type="checkbox"/> 260	<input type="checkbox"/> 265
4-star single use room	<input type="checkbox"/> 585	<input type="checkbox"/> 305	<input type="checkbox"/> 310

Please check box to indicate your choice

Roommate: _____

Allergies or restrictions: _____

I certify that the above details are correct. I have been advised to take out personal insurance (travel / medical) for the event and that I'm fully aware of the rules I will participate under. I confirm that I take part at his or her own risk. I approve the publication of pictures and film made during the event.

Participants signature

Date
