

*** 2013 ***

AAU HAWAII DISTRICT KARATE ELIMINATIONS

Manoa District Gym – 2721 Kaaipu Ave.
Sunday – April 14, 2013 (9:00am – 4:00pm)

NAME _____ AGE _____ SEX _____ BIRTHDATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

KARATE SCHOOL _____ AAU CARD# _____

KATA DIVISION

BEGINNER **NOVICE** **INTERMEDIATE** **ADVANCE**
Under 1 yr. 1 to under 2 yrs. 2 to 4 yrs. 4 yrs. or More

MALE

FEMALE

<input type="checkbox"/> 5 YRS. & UNDER	<input type="checkbox"/> 13 YRS.	<input type="checkbox"/> 5 YRS. & UNDER	<input type="checkbox"/> 13 YRS.
<input type="checkbox"/> 6 YRS.	<input type="checkbox"/> 14 YRS.	<input type="checkbox"/> 6 YRS.	<input type="checkbox"/> 14 YRS.
<input type="checkbox"/> 7 YRS.	<input type="checkbox"/> 15 YRS.	<input type="checkbox"/> 7 YRS.	<input type="checkbox"/> 15 YRS.
<input type="checkbox"/> 8 YRS.	<input type="checkbox"/> 16 YRS.	<input type="checkbox"/> 8 YRS.	<input type="checkbox"/> 16 YRS.
<input type="checkbox"/> 9 YRS.	<input type="checkbox"/> 17 YRS.	<input type="checkbox"/> 9 YRS.	<input type="checkbox"/> 17 YRS.
<input type="checkbox"/> 10 YRS.	<input type="checkbox"/> 18 YRS.	<input type="checkbox"/> 10 YRS.	<input type="checkbox"/> 18 YRS.
<input type="checkbox"/> 11 YRS.	<input type="checkbox"/> 19-34 YRS.	<input type="checkbox"/> 11 YRS.	<input type="checkbox"/> 19-34 YRS.
<input type="checkbox"/> 12 YRS.	<input type="checkbox"/> 35 & UP	<input type="checkbox"/> 12 YRS.	<input type="checkbox"/> 35 & UP

*19 – 34 YRS. Advanced Mandatory
 Advanced Open

*19 – 34 YRS. Advanced Mandatory
 Advanced Open

ENTRANCE FEE: \$15.00

I, the undersigned, hereby voluntarily submit my application to participate in the 2013 AAU Hawaii District Karate Eliminations at the Manoa District Gym on Sunday, April 14, 2013, and hereby assume full responsibility for any and all damages, injuries, or loses that I may sustain or incur, if any, while participating or attending and I hereby waive all claims against the promoters, operators, sponsors, officials, and Manoa District Gym for any injuries that I may sustain. I fully understand any medical treatment given to me will be of a first aid type only.

SIGNATURE OF CONTESTANT

SIGNATURE OF PARENT OR GUARDIAN

All entries must be turned in by April 6, 2013. The deadline is April 6th, Saturday and absolutely no entry forms will be accepted after this day. Entry forms to be mailed to 7231 Nuulolo St., Honolulu, HI 96825. For more information, please call: (808) 395-1774 or FAX: (808) 395-7748. Make checks payable to IKF.
www.ikfhawaii.com