

SOUTH WESTERN ONTARIO REGIONAL WADO-RYU KARATE-DO

Members of MAPDA

Saturday April 8, 2017

McKinnon Park Secondary School 91 Haddington St. Caledonia.

DOORS OPEN-8:30AM COMPETITION STARTS-10:00AM MEETING-9:30AM FOR BLUE, BROWN & BLACK BELTS

ONLINE REGISTARTION AVAILABLE AT SWORMARTIALARTS.COM

Click on REGISTRATION and fill in form

PRE-REGISTARTION DEADLINE – WEDNESDAY APRIL 5/2017

<u>Pre-Registration</u> <u>At Door</u>

All Events - \$20.00 \$25.00

Family Rate (3+) - \$45.00 \$50.00

Shindo - \$10.00 \$15.00

Spectators - \$2.00

Members of MAPDA at www.mapda.ca / www.swormartialarts.com

FOR SAFETY REASONS, ALL COMPETITORS MUST WEAR A MOUTHGUARD, HAND PADS AND GROIN PROTECTION DURING KUMITE (SPARRING).

ANY COMPETITOR NOT WEARING THIS EQUIPMENT WILL NOT BE ALLOWED TO COMPETE IN KUMITE.

PLEASE NOTE CHANGES TO THE SCHEDULE OF EVENTS

There will be a break in competition after the junior and intermediate competition during which the following will take place;

~Medallion presentation FOR ALL JUNIOR AND INTERMEDIATE DIVISIONS.

~Break before the start of the Adult divisions.

(All medallions for ADULTS will be presented at the end of the ADULT Divisions.)

<u>REQUIRED KATAS FOR MAPDA MEMBERS</u>

White – Aihon, Chonan, Pinan Shodan **Yellow** – Aihon, Pinan Shodan, Pinan Nidan

Orange – Pinan Nidan, Pinan Sandan, San Kyu

Green - Pinan Nidan, Pinan Sandan, Tai Sai

Blue / Purple - Pinan Sandan, Pinan Yodan, Shopei

Brown – Pinan Godan, Kushanku, Sai Shun Tai

Shodan - Kushanku, Nihanchi or Nihanchin

Nidan - Nihanchi or Nihanchin, Sai Shan

Sandan - Chinto or Kempei

Yodan – Wanshu or Gohonshu

Godan – Gensho, Gensho Shodan,

Wanshu

Guest Competitors may pick their own katas or from the list above.

NOTE: All divisions are subject to change, depending upon the number of competitors in each division.

PLEASE READ CAREFULLY

Shindo Kates

Required for Shindo

Sho Shiho Chudan
Shindo Nidan
Chobotei
Kushanku No Shindo

Sai Shun No Shindo

Shindo Divisions will be set at the tournament!!

PRE-REGISTRATION FORM

NAME:	GENDER:	AGE:
RANK / BELT:	PASSBOOK #:	(If Applicable)
INSTRUCTOR:	PHONE:	
ADDRESS:		
PROVINCE:	POSTAL CODE:	
EMAIL (optional):		
I, the undersigned, hereby waive all of Ontario Regional Wado-Ryu Karate-Do the tournament.	•	
DATE: <u>April 8, 2017</u>		
SIGNATURE OF ADULT O <mark>R GU</mark> A	RDIAN (on the line below if under	18 <mark>years of age)</mark>
- Y	1.1	
MAKE ALL CHEQUES PAYABLE	TO: S.W.O.R. WAD0 KARATE-D0	0
Please email Pre-Regis	tration Form to sworwk@gmai	l.com or mail to
Roger Frigault	– 22 Buchanan Dr, Caledonia,	Ontario.
	N3W 1H1	
Or register onli	ine at SWORMARTIALART	S.COM
Please check mark t	he following event(s) you will be co	mpeting in:
	KATA:	
	<u>KUMITE:</u>	
	SHINDO:	