## EAST WEST CANADIAN QUALIFIER 1 – OCTOBER 28-29 2017 Kick Light - Registration Form - All Ages

Athletes will be moved to another division, discipline or category if a bout is not available in their registered choice. Novice and Open class athletes maybe combined due to low numbers. No Refund Policy in effect - Athletes that do not receive a bout will receive a Credit to the next CASK Event.

Date & Location OF provincials are subject to change.

\*\*\* Make additional copies of registration form if needed

NO REGISTRATIONS ACCEPTED AFTER

Friday October 6<sup>th</sup> at Noon (12pm)

Club:											Please indicate the actual age for your athlete in the category below				
Coach(es):															
N	Last Name	First Name	M	F	DOB (D/M/Y)	Weight in kg's (see below)	Open/ Novice	#Bouts Any discipline	Under 10	10-12	13-15	16-18	19-39	40>	
1															
2															
3															
4															
5															
Nov	rice athletes have 3 or	VE REGISTRATION MUST BE COMPI- less bouts/Open athletes have 4	bouts			ete does not rec	ceive a bo				•			her	
I wish to pay by VISA Master Card (check one)         Card #: /         Expiry Date: /						Under 10	13-15: Under 40; 45; 50; 55; 60; 65; 70; 75; above 75 kg 16-18: Under 45; 50; 55; 60;65;70;75;80; above 80								
Nam	ne on Card:	first			last	Athlete	es from 2	017 CAS	K Membe	r Clubs	<u> </u>				
Amo	ount authorized to charg	ge - # Athletes x \$75 / \$100 (Circle appro				Registe	er by Frio	day Septe	st 11 <sup>th</sup> at 1 mber 8 <sup>th</sup> per 6 <sup>th</sup> at 1	at Noon		\$100	per athl per ath	ılete	

Please complete form accurately and email to <a href="mailto:nhq@kickboxingcanada.org">nhq@kickboxingcanada.org</a> or <a href="mailto:mailto:nhq@kickboxingcanada.org">mail</a> with a certified check or money order to:

**Council of Amateur Sport Kickboxing** 

5008 South Service Road, Burlington, Ontario, L7L 5Y7