

Annual CSA Karate Tournament Registration Form

Please Print Clearly

Participant Name: _____ Age: _____

Participant Current Belt Level: _____

If you are unsure of how to complete the competition information below then leave blank

Participant is competing in: ___ Drills ___ Forms ___ Weapons

Name of Drill: _____

Name of Form: _____

Name of Weapon: _____

Address: _____ City: _____

Zip: _____ Phone number: _____

Email Address: _____

Where does participant take CSA classes: _____

Payment information: ___ Check ___ Cash ___ Credit ___ Online

Payment Total: \$30 No Uniform \$45 with Uniform Uniform Size: _____

**No refunds for Tournament only CSA credits and participants must be registered in
CSA classes at time of tournament*