

Registration Form
Give completed form to your instructor

Name _____ Phone Number _____

Address _____ DOB/age _____

City/State _____ Zip _____

Email _____

Male ___ Female ___ If under 18 list chaperones name _____

Rank _____ Club/Dojo _____

ISKF DUES Paid YES NO Dojo Dues Paid YES NO

Are you a vegetarian YES NO Food allergies _____

List any physical limitations _____

Special cabin assignment with _____ (upon your instructor's approval.
Instructor please initial for approval) _____

Number of guests attending: *(please include \$5.00 per guest per meal)*

Thursday Children's Camp Dinner _____

Saturday BBQ: _____ Sunday Awards Luncheon: _____

I plan to test at camp. **YES NO** if yes, for _____ rank

Tee shirt size *(please circle one)* Child's L, Adult S M L XL 1X 2X \$18.00 per shirt
will reserve a shirt for you.

Make checks payable to **ISKF Alaska**.

Please consider donating to the Alaska Region to support Alaskan Karate-ka to travel to the 2010 National Karate Tournament

Camp deposit \$100 \$_____ deposit only

Camp cost (\$225/per camper, \$125 if second family member \$_____

family, Children's Day Camp \$50 (includes tee shirt))

T- shirt (\$18.00) \$_____

Testing for those not attending overnight camp (\$35) \$_____

Dan Exam \$_____

Donation to National 2010 Fund \$_____

Guest Meal (number attending ___ X \$5.00) \$_____

Camp Picture (\$20.00 estimate_) \$_____

Total enclosed \$_____

Balance Due \$_____

I am interested in volunteering with Children's Day Camp