



# KARATE MANITOBA COMPETITION HOSTING APPLICATION

(Effective February 4, 2017)

PLEASE PRINT CLEARLY

## CHECK ONE OF THE FOLLOWING:

Multi Style Event

Single Style Event

## PART I

Club Name: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Tournament/Competition \_\_\_\_\_

Date of Tournament/Competition \_\_\_\_\_

Anticipated Number of Tournament Competitors \_\_\_\_\_

Total Competition Hours \_\_\_\_\_ Location of Competition \_\_\_\_\_

Is there more than one style organization participating in the competition  YES  NO


Medical Personnel/First Aid (must be present for entire competition)

Name(s) of Medical Provider on Site: \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## FEES:

- \$25 – Application fee to be submitted WITH application.
- Sanction fee will be confirmed upon receipt of application.
- A sliding scale will be used to determine the sanction fee based on the information received.



**KARATE MANITOBA SANCTION APPLICATION**  
**Please complete for multi style and single style event applications**

**Part II**

**SANCTION APPLICATIONS MUST INCLUDE:**

- A copy of the registration form for the competition
- The application must be received at least 45 days prior to the competition
- A copy of the event competition rules
- Must declare they will follow the Karate Manitoba Competition Minimum Safety Standards (Appendix #1)

**ORGANIZATION DECLARATION:**

This information provided on this form is accurate to the best of my knowledge. I will inform Karate Manitoba of any change of information. I understand that no freestyle combat sport or training will be part of this Competition, with the exception of a demonstration by the competition instructor and/or assistants.

I have read the conditions as outlined in the Karate Manitoba Competition Hosting Policy and with the signing of this form, our Organization agrees to abide by the conditions and declare that the Competition Minimum Safety Standards will be adhered to during the entirety of the competition.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Applicant

Office Use Only

Date Received \_\_\_\_\_

Approved

Not Approved

\_\_\_\_\_  
Signature of Chair of Competition Committee

Submit to Karate Manitoba, 145 Pacific Avenue, Winnipeg, MB R3B 2Z6

[info@karatemanitoba.ca](mailto:info@karatemanitoba.ca)