



# Shintani Wado Kai Karate Federation

Shintani Wado Kai Karate Federation  
118 Golden Blvd, East  
Welland, Ontario  
L3B 1J1

PHONE/FAX: 905-734-4119

August 17, 2015

Dear Sensei/event organizer,

In order to have your event sanctioned by the SWKKF you need to complete the calendar of events form which is attached to this letter.

The calendar of events form provides the insurance company with information of **approved** and **sanctioned** events within the Shintani Wado Kai Karate Federation. The calendar of events also provides information for the greater SWKKF organization and those participants who wish to attend.

If you are unclear as to the exact date please submit the form with information on the event name and purposed date, you will need to confirm the date when possible.

Completed forms can be faxed to 905-734-4119 or emailed to [ddlabbe3@gmail.com](mailto:ddlabbe3@gmail.com).

**Completing the form with as much informaiton as possible ensures your event information is accurate on the website.**

**Please note** - your event will be considered a sanctioned event once it has been approved and you have received confirmation via email.

In harmony,

Denis Labbé  
President  
Shintani Wado Kai Karate Federation



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| THIS SECTION IS RESERVED FOR SENSEI SUBMITTING FORM  |  |  |   |
|--|--|--|---|
| Instructor Name  |  | Club Name  |   |
| Address  |  | City   |   |
| Province   |  | Postal Code  |   |
| Phone No   |  | Email  |   |
| THIS SECTION IS RESERVED FOR EVENT INFORMATION   |  |  |   |
| Date form submitted  |  |  |   |
| Date of Event  |  |  |   |
| Name of Event  |  |  |   |
| Location of Event<br><small>If known, please include full address with postal code</small> |  |  |   |
| Event Type<br><small>Please submit one form for each type of event</small>                 | <input type="checkbox"/> Tournament<br><input type="checkbox"/> Clinic<br><input type="checkbox"/> Shindo Clinic<br><input type="checkbox"/> Black Belt Grading<br><input type="checkbox"/> Shindo Grading<br><input type="checkbox"/> Other | <b>NOTE:</b> If your event is a <b>tournament</b> , you must follow the sanctioned tournament rules and regulations within the SWKKF. Rules and regulations can be provided upon request.<br><input type="checkbox"/> I agree<br><input type="checkbox"/> I do not agree |   |
| Other - please specify   |  |  |   |
| Post to SWKKF Website?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Will non SWKKF members be participating?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Additional Comments  | <p align="center"><b>FOR OFFICE USE ONLY</b></p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Approved: _____</p>   |  |   |