



AAKF 61st National Championships

Regional Rosters

www.ncr-aakf.org

June 19 to 22, 2024

Bloomington, Minnesota



Dear Regional Director,

Please collect your Region's individual registration forms (personal information, waiver, health history and medical waiver, rules & regulations acknowledgement) along with picture ID photos and payment checks before the **May 20, 2024 deadline**.

The attached rosters for individual and team participants from your region should be filled in. Please note that **all submitted forms must be signed by the Regional Director and athletes should include their 2024 AAKF membership number. Reminder, all participants (Dan and Kyu) must have their rank registered with the AAKF; and all Black Belts (youth & adult) must also have their rank registered with the WTKF.** See page 15 for the Dan Registration Application form. **The cost for both registrations is \$150.** *Regional Directors:* Complete the form and mail with payment to the AAKF as noted on the form. The AAKF will manage the WTKF portion of the registration process.

Upon receipt, the AAKF National Office and the 61st Tournament Organizing Committee will also ensure that the number of athletes from your Region falls within the stipulated eligibility guidelines.

- **Before May 20** mail completed hard copies of all forms, photos and payments (**make payments to "NCR"**) to:
Laurie Elliott
AAKF 61st National Championships
c/o Midwest Karate Association
762 East 7th Street
St. Paul, MN 55106
- **Before May 20** provide an Email copy of the Regional Rosters Packet to:
M. Tabassi, Treasurer of AAKF
email: JSKAINTL@AOL.COM
- For further questions, please contact: **M. Tabassi at 301-254-8884**

Sincerely yours,

Laurie Elliott
Director, 61st National Championship Organizing Committee



Rosters

All Participant Roster, Registration Numbers, Banquet RSVP	4
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Click this link for: [Youth Competition Rules](#)

Click this link for: [Adult Kyu Competition Rules](#)



ALL PARTICIPANTS ROSTER

REGION: _____

Mail Hard Copies of Form and Payment to:

**AAKF 61st National Championships
Laurie Elliott
c/o Midwest Karate Association
762 East 7th Street
St. Paul, MN 55106**

Also Email Copy to:

**M. Tabassi, Treasurer, AAKF
JSKAINTL@AOL.COM**

ALL ATHLETES, JUDGES & CAMP PARTICIPANTS MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION (ALL DAN AND KYU RANKS). ALL BLACK BELT PARTICIPANTS MUST ALSO HAVE THEIR RANK REGISTERED WITH THE WTKF. CAMP PARTICIPANTS WHO ARE NOT MEMBERS OF THE AAKF WILL PAY AN ADDITIONAL FEE AND THEIR PARTICIPATION MUST BE APPROVED BY THE AAKF TECHNICAL COMMITTEE.

Participant Name		AAKF Membership & Rank Registration				WTKF Rank Registration	Total Fees
Last	First	AGE	AAKF Membership #	Kyu/Dan Rank	AAKF Rank Registration #	WTKF Rank Registration # (Black Belts Only)	All events (camp, competition, banquet)
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
TOTAL							\$

Signature of Regional Director or Regional Liaison's Office: _____

Estimated Banquet Attendance from your Region (for planning purposes only): _____



ADULT BLACK BELT - INDIVIDUAL ATHLETES

REGION: _____

Mail Hard Copies of Form and Payment to:
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ALL ATHLETES MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION (ALL DAN AND KYU RANKS).
 ALL BLACK BELT PARTICIPANTS MUST ALSO HAVE THEIR RANK REGISTERED WITH THE WTKF.
 ALL KUMITE/KOGO ATHLETES MUST WEAR WTKF KUMITE GLOVES AND MUST WEAR A MOUTH GUARD.
 MAXIMUM 6 MALE AND 6 FEMALE ATHLETES PER INDIVIDUAL EVENT.

Athlete Name		Information			Individual Category				Fees
Last	First	Dan Rank	Age	Gender	Placed 2023	Kumite	Kata	Fukugo	1 event \$75 2 events \$95 3 events \$135
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
TOTAL									\$

Signature of Regional Director or Regional Liaison's Office: _____



ADULT BLACK BELT - STATE KATA & KUMITE TEAMS

REGION: _____

Mail Hard Copies of Form and Payment to:

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Also Email Copy to:

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JSKAINTL@AOL.COM**

ALL ATHLETES MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION.

ALL BLACK BELT PARTICIPANTS MUST ALSO HAVE THEIR RANK REGISTERED WITH THE WTKF.

EACH REGION CAN ENTER AS MANY TEAMS AS THEY HAVE STATES UNDER THEIR REGION. FOR EXAMPLE, THE NORTH ATLANTIC REGION HAS 5 STATES, AND CAN ENTER UP TO 5 TEAMS IN EACH TEAM CATEGORY.

Category	Athlete Name		Information	Fees
	Last	First	Dan Rank	\$105 per team
Men's Synchronized Kata TEAM 1				\$105
Men's Synchronized Kata TEAM 2				\$105
Men's Team Kumite				\$105
Women's Synchronized Kata TEAM 1				\$105
Women's Synchronized Kata TEAM 2				\$105
TOTAL				\$

Signature of Regional Director or Regional Liaison's Office: _____



ADULT BLACK BELT - STATE ENBU TEAMS

REGION: _____

Mail Hard Copies of Form and Payment to:
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Laurie Elliott
c/o Midwest Karate Association
762 East 7th Street
St. Paul, MN 55106

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JSKAINTL@AOL.COM

ALL ATHLETES MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION (ALL DAN AND KYU RANKS).
 ALL BLACK BELT PARTICIPANTS MUST ALSO HAVE THEIR RANK REGISTERED WITH THE WTKF.
 ALL KUMITE/KOGO ATHLETES MUST WEAR WTKF KUMITE GLOVES AND WEAR A MOUTH GUARD.
 EACH REGION CAN ENTER AS MANY TEAMS AS THEY HAVE STATES UNDER THEIR REGION. FOR EXAMPLE, THE NORTH ATLANTIC REGION HAS 5 STATES, AND CAN ENTER UP TO 5 TEAMS IN EACH TEAM CATEGORY.

Category	Athlete Name		Information	Fees
	Last	First	Dan Rank	\$100 per team
Enbu - TEAM 1 (Man / Man)				\$100
Enbu - TEAM 2 (Man / Man)				\$100
Enbu - TEAM 3 (Man / Man)				\$100
Enbu - TEAM 1 (Man / Woman)				\$100
Enbu - TEAM 2 (Man / Woman)				\$100
Enbu - TEAM 3 (Man / Woman)				\$100
TOTAL			\$	

Signature of Regional Director or Regional Liaison's Office: _____



YOUTH - INDIVIDUAL REGISTRATION

REGION: _____

Mail Hard Copies of Form and Payment to:
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St. Paul, MN 55106

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 ALL ATHLETES 4TH KYU AND ABOVE MUST WEAR A MOUTH GUARD.

Athlete Name		Information			Class					Fee
Last	First	Rank	Age	Gender	Elite Black Belt	A 1-2 Kyu	B 3-4 Kyu	C 5-6 Kyu	D 7-8 Kyu	\$50 per individual
										\$50
										\$50
										\$50
										\$50
										\$50
										\$50
										\$50
										\$50
										\$50
										\$50
										\$50
TOTAL										\$

See AAKF Youth Nationals Rules for different classes.

Signature of Regional Director or Regional Liaison's Office: _____



YOUTH - TEAM REGISTRATION REGION: _____

Mail Hard Copies of Form and Payment to:
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Laurie Elliott
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762 East 7th Street
ST. Paul, MN 55106

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JSKAINTL@AOL.COM

ALL ATHLETES MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION (ALL DAN AND KYU RANKS).
 ALL BLACK BELT PARTICIPANTS MUST ALSO HAVE THEIR RANK REGISTERED WITH THE WTKF.
 MIXED RANKS AND GENDERS ALLOWED (BOY/BOY; BOY/GIRL; GIRL/GIRL)

Category	Athlete Name		Information	Fees
	Last	First	Kyu/Dan Rank	
Synchronized Kata TEAM 1 (3 athletes)				\$45
Synchronized Kata TEAM 2 (3 athletes)				\$45
Synchronized Kata TEAM 3 (3 athletes)				\$45
Enbu - TEAM 1 (2 athletes)				\$40
Enbu - TEAM 2 (2 athletes)				\$40
Enbu - TEAM 3 (2 athletes)				\$40
TOTAL				\$

Signature of Regional Director or Regional Liaison's Office _____



ADULT KYU - INDIVIDUAL REGISTRATION

REGION: _____

Mail Hard Copies of Form and Payment to:
AAKF 61st National Championships
Laurie Elliott
c/o Midwest Karate Association
762 East 7th Street
St. Paul, MN 55106

Also Email Copy to:
M. Tabassi, Treasurer, AAKF
JSKAINTL@AOL.COM

ALL ATHLETES MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION
 ALL ATHLETES 4TH KYU AND ABOVE MUST WEAR A MOUTH GUARD.

Athlete Name		Information			Class				Fee
Last	First	Rank	Age	Gender	A 1-2 Kyu	B 3-4 Kyu	C 5-6 Kyu	D 7-8 Kyu	\$50 per individual
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
									\$50
TOTAL								\$	

Signature of Regional Director or Regional Liaison's Office: _____



ADULT KYU - TEAM REGISTRATION

REGION: _____

Mail Hard Copies of Form and Payment to:
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Laurie Elliott
c/o Midwest Karate Association
762 East 7th Street
St. Paul, MN 55106

Also Email Copy to:
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JSKAINTL@AOL.COM

ALL ATHLETES MUST HAVE A VALID AAKF MEMBERSHIP AND AAKF RANK REGISTRATION.
 MIXED RANKS AND GENDERS ALLOWED.

Category	Athlete Name		Information	Fees
	Last	First	Kyu Rank	
Synchronized Kata TEAM 1 (3 athletes)				Kata Team \$45 Enbu Team \$40 \$45
Synchronized Kata TEAM 2 (3 athletes)				\$45
Enbu - TEAM 1 (2 athletes)				\$40
Enbu - TEAM 2 (2 athletes)				\$40
Enbu - TEAM 3 (2 athletes)				\$40
TOTAL			\$	

Signature of Regional Director or Regional Liaison's Office _____



INTERNATIONAL CAMP REGISTRATION
(Judges' Seminar included in cost of International Camp)

REGION: _____

Mail Hard Copies of Form and Payment to:
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	Athlete Name		Information			Dates Attending			Fee
	Last	First	Dan Rank	Age	Gender	Wed Jun 19	Thu Jun 20	Fri Jun 21	
									3 days \$150 2 days \$130 1 day \$100 US Team - Free
1									\$
2									\$
3									\$
4									\$
5									\$
6									\$
7									\$
8									\$
9									\$
10									\$
11									\$
	TOTAL								\$

Signature of Regional Director or Regional Liaison's Office: _____



JUDGES' SEMINAR REGISTRATION – No Add'l Fee
 (Judges' Seminar included in cost of International Camp)

REGION: _____

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JSKAINTL@AOL.COM

	Participant Name		Information		Current Judges Qualification Class														No current Qualification	
	Last	First	Rank	Gender	Kumite							Kata							Judging Experience (# of yrs)	
					1	2	3	4	5	6	7	1	2	3	4	5	6	7		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

Signature of Regional Director or Regional Liaison's Office: _____

Date:

WORLD TRADITIONAL KARATE---DO FEDERATION

Verdaine 9, 1204 Geneva, Switzerland
www.wtkfkarate.org

Official use only Rue

Reg. No.	Dan
Registration date	

"DAN" RANKING REGISTRATION, APPLICATION FORM

PLEASE MAIL THIS FORM WITH \$150 CHECK PAYABLE TO AAKF TO M.TABASSI, PO BOX 10524, MCLEAN, VA 22102. \$150 WILL COVER BOTH AAKF AND WTKF DAN REGISTRATION. AAKF CLUB DIRECTOR MUST REGISTER DAN RANK ONLINE WITH AAKF.

I hereby declare that I will perform no acts which might detract from the honor of a black---belt holder.

NAME (LAST, MIDDLE, FIRST)		CITIZENSHIP	
NAME OF NATIONAL FEDERATION		NAME OF SCHOOL SYSTEM	REGISTRATION RANK
DATE OF BIRTH	SEX	OCCUPATION	EMAIL
ADDRESS (STREET, CITY, COUNTRY)			
KARATE EXPERIENCE	FORMER RANK		FORMER REGISTRATION
YRS. MOS.	____ KYU DATE RECEIVED (D.M.Y) ____ DAN		(DAN RANK ONLY) No.
DATE OF EXAMINATION		PLACE OF EXAMINATION	
DAY	MONTH	YEAR	CITY COUNTRY
AAKF APPROVED & REGISTERED EXAMINER USE ONLY			
EXAMINERS: THE APPLICANT ABOVE HAS SUCCESSFULLY PASSED EXAMINATION FOR THE REGISTRATION RANK LIST.			
NAME		EXAMINER REGISTRATION	SIGNATURE
1.		No.	

We approve the above ranking registration by our National Federation.	
NAME OF NATIONAL FEDERATION (WTKF REPRESENTATIVE)	
American Amateur Karate Federation (AAKF)	
NAME OF RESPONSIBLE REPRESENTATIVE (PRINT)	SIGNATURE

SIGNATURE OF APPLICANT

NOTE: The established rank registration fee must be provided by the national federation at the time of registration.