



# KUME INTERNATIONAL IOSTK OPEN TOMODACHI 2019

1711 So. Houston Rd., Pasadena, TX 77502  
Tel: (832) 606-9906 / (713) 472-4473  
Fax: (713) 472- 4805  
E-mail: kumekaratepasadena@hotmail.com



国際 伝統 武道. スポーツ、空手 連盟  
KOKUSAI DENTO BUDO SPOTSU KARATE RENMEI

December 10th, 2018  
Pasadena TX. USA.

Dear Sensei,

It's a pleasure to inform you that you are invited to our next **KUME International - IOSTK Open "Tomodachi 2019"**

The Tournament will take place on March 2<sup>th</sup>, 2019 at the **San Jacinto College Central Campus, in the F.G. Anders Gymnasium**. The address is: 8060 Spencer Highway, Pasadena TX 77505

It would be an honor to count with your presence and the participation of your students, in this, our XIII International Tournament. We are working to bring international level participants; as of today we can confirm the participation of competitors from Mexico, El Salvador, USA, France, Guatemala, Honduras, and Nicaragua, among others.

We thank you in advance for your participation and that of your students; without further ado, we hope to see you and your students on March 2<sup>th</sup>, 2019.

If you have any questions, please feel free to contact us at 832-606-9906, by mail at: KUME International Shito Ryu of Texas, 1711 S. Houston Rd. Pasadena TX 77502 or by e-mail at: [kumekaratepasadena@hotmail.com](mailto:kumekaratepasadena@hotmail.com)

Sincerely

Luis A. Saucedo  
President of KUME International  
IOSTK



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## KUME International – IOSTK Open TOMODACHI 2019

February 28- March 2<sup>th</sup> 2019. Pasadena TX, USA

### ENTRY FORM

Name of National Federation: .....

Address: .....

Phone: ..... Fax: ..... e-mail: .....

### Support Team Information (Sensei, Referee, and Coaches)

Title	Family Name	First Name

### FLIGHT DETAILS:

ARRIVAL DATE..... HOUR..... FLIGHT NUMBER.....

DEPARTURE DATE..... HOUR..... FLIGHT NUMBER.....

The veracity of the data contained in this document is responsible the National Federation  
The registration form should be sent by e-mail or fax, **before February 27th, 2019.**

**e-mail: [kumekaratepasadena@hotmail.com](mailto:kumekaratepasadena@hotmail.com)**

**or Fax: 713-472-3291**

国際 伝統 武道. スポーツ、空手 連盟

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MALE  FEMALE AGES AS OF March 2<sup>th</sup> , 2019



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<input type="checkbox"/> KUMITE	<input type="checkbox"/> ONE OR TWO EVENTS	\$ 65.00
<input type="checkbox"/> OPEN KATA	<input type="checkbox"/> THREE EVENTS	\$ 75.00
<input type="checkbox"/> KOBUDO	LATE FEE AFTER FEB. 28th ADDITIONAL	\$ 15.00
<input type="checkbox"/> TEAM KUMITE		
<input type="checkbox"/> TEAM KATA	TOTAL AMMOUNT ENCLOSED	\$ _____

**IMPORTANT: There will be no registrations at the door**

FIRST NAME	LAST NAME	PHONE NUMBER	@E-MAIL
ADDRESS	CITY	STATE	ZIP
BIRTHDAY	WEIGHT	HEIGHT	BELT RANK / KYU
DOJONAME	DOJO PHONE	SENSEI'S NAME	YEARS TRAINING

### WAIVER AND RELEASE OF LIABILITY

I understand, in consideration for being permitted to participate in The Karate Dojo Challenge I:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. Fully understand that contact athletic activities involve risk and dangers of injury, these risk may be caused by my own actions or inactions, the actions or interactions of others participation in the activity or the condition which the activity takes place.
3. I FULLY ACCEPT AND ASSUME ALL RISK AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation or that of the minor in the activity, if any, while attending or participating and I hereby waive all claims against all sponsors, judges, instructors, students, parents/guardians and volunteers for any damages, injuries or losses that I may sustain, I fully understand that any medical treatment given will be of a first aid treatment only. The authorization includes tendering or failure to render and or acceptance of any medical aid, medical care, hospitalization and or any other assistance deemed necessary for the proper care and well being of my self and or the minor participating, I do accept conditions in full. I waive all rights to compensation in regards to any photographs or video tapes furnished by or taken of me in connection with the completion and or activities and I give full permission to those associated with this event for use in publication, promotion, publicity or television showing now or in the future.

**IF UNDER 18 YEARS, RELEASE AND CONSENT MUST BE SIGNED BY PARENT/GUARIAN**

Signature of Contestant	Date	Signature of Parent/Guardian	Date
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TOMODACHI 2019**

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KOKUSAI DENTO BUDO SPORTSU KARATE RENMEI

*The tournament will be held at the*

San Jacinto College  
Central Campus,  
F.G. Anders Gymnasium  
8060 Spencer Hwy, Pasadena, TX 77505

For direction please follow the link

[TOMODACHI](#)

**Tournament Begins at 9:30 a.m.**

**Judges Meeting at 9:00 a.m.**

***Mail Pre-Registration before February 27th, 2019***

**By Mail to:**

***Sensei Luis A. Saucedo  
1812 Scarborough Ln. Pasadena, TX 77502***

**By E-Mail to:**

**[kumekaratepasadena@hotmail.com](mailto:kumekaratepasadena@hotmail.com)**

**Spectators Entrance Fees:**

• 11 years old – Adults	\$ 6.00
• 5 – 10 years old	\$ 3.00
• 4 years old under	FREE

国際 伝統 武道 スポーツ 空手 連盟  
Please Mail Forms and Checks to:  
Kume International Shito-Ryu  
KOKUSAI DENTO BUDO SPORTSU KARATE RENMEI  
1812 Scarborough Ln.  
Pasadena TX. 77502



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## CHECK (X) THE DIVISION

**KATA ( ) KUMITE( ) KOBUDO ( ) TEAM ( )**

**( ) BEGINNER (10,9,8,7 KYU) 0-1 YRS**

**( ) NOVICE (6,5,4 Kyu) 1-2 yrs**

**( ) INTERMEDIATE (3,2,1 Kyu) 2-3 yrs**

**( ) ADVANCED (All Dan/Black belt ranks)**

### Categories by AGES

**( ) 5 and Under ( ) 14-15**

**( ) 6-7 ( ) 16-17**

**( ) 8-9 ( ) 18-34**

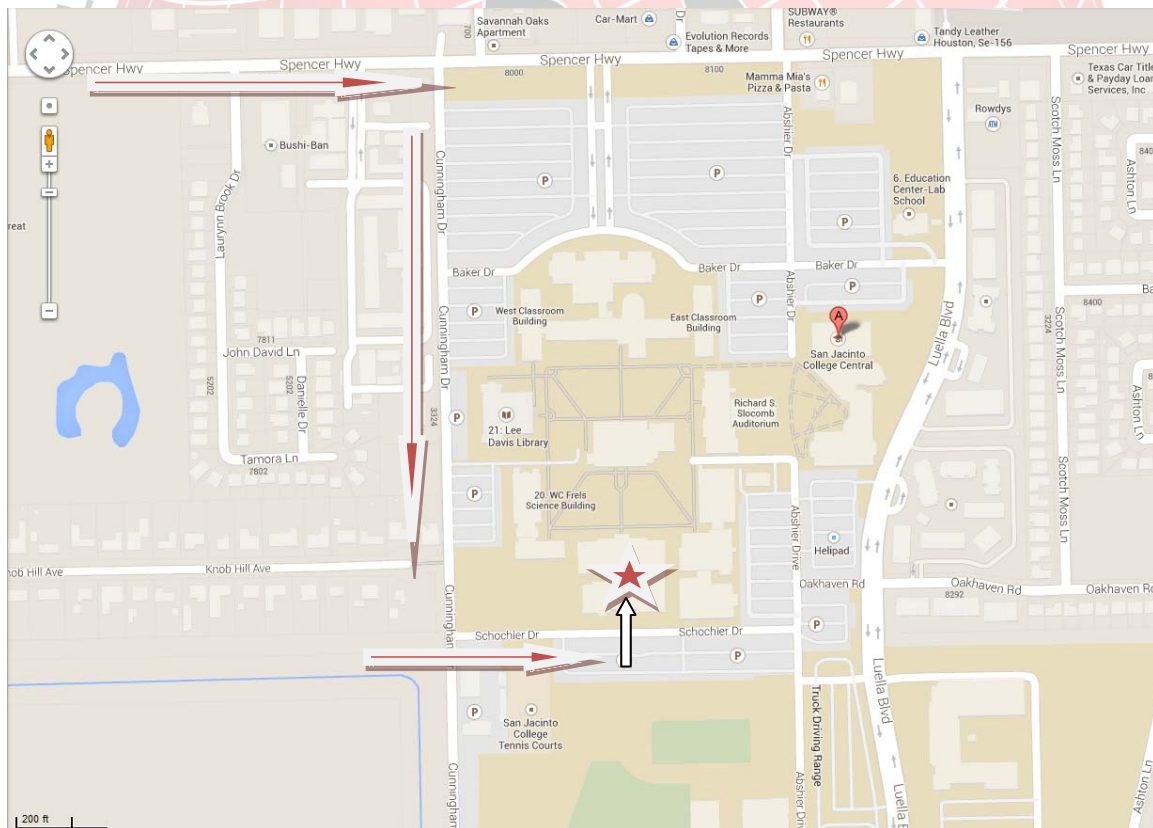
**( ) 10-11 ( ) 35-40**

**( ) 12-13 ( ) 41&UP**

国際 伝統 武道. スポーツ、空手 連盟

KOKUSAI DENTO BUDO SPOTSU KARATE RENMEI

***Friendly Directions***  
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**Central Campus**  
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