伝統空手道
International Traditional Karate Federation

APPLICATION FOR PARTICIPATION
2026 ANNUAL INTERNATIONAL TRADITIONAL KARATE SUMMER CAMP

TO: ITKF ADMINISTRATION OFFICE
P.O. BOX 402
#3-481 Victoria Street
Niagara-on-the-Lake, Ontario
Canada L0S 1J0

Name of Country/Organization: _____ Address: _____

e-Mail: _____ Mobile Telephone: _____ Web Page (if applicable): _____

The following individuals are registering to participate in the 2026 Annual ITKF International Traditional Karate Summer Camp.
The total amount owing for this page is $_____USD for the cost of participation. (Please attach a copy of receipt for payment transfer.)

NAME **FIRST** **LAST** (Please type or Print Clearly)	**SEX** **M/F**	**CAMP PARTICIPATION** General Course				**OBSERVER** Non-Participation (Meals & Accom.)				**MASTERS' COURSE**	**TOTAL AMOUNT**					
		From Check-in	To Check-out	Total Day(s)	Fee $	From Check-in	To Check-out	Total Day(s)	Fee $	**N/A**	**USD**					

2026 ITKF INTERNATIONAL TRADITIONAL KARATE SUMMER CAMP REGISTRATION – (CONT.)

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