

Event Sanctioning Form – 2023 (To be completed by the Event Coordinator)

Name:	first		last
WAKO Member Club:			
Name of Event:			
Date of Event:	month day	year Start 1	īme
Venue Name:			
Address:			
	# street	city province P/C	
Physician (ring sport):	Name	Licence Number	
EMT (all events)			
Type of event:	Name	Background (eg. Paramedic,	First Responder)
	– club show (max 12 bouts)	Fee - \$1250 + HST	
Ring Competition	– club show (max 24 bouts)	Fee - \$2000 + HST	
Tatami Competitio	on – club show (max 20 bouts)	Fee - \$1500 + HST	
Tatami Competitio	on (max 50 bouts or 2 rings)	Fee - \$2000 + HST	
Tatami Competitio	on (50-100 bouts or 2 rings)	Fee - \$3000 + HST	
Ring Competition	– club show (Over 24 bouts)	Cost to be provided	
Tatami Tournament (Over 100 bouts) Cost to be provided			
	la Member Participation	Cost to be provided	
	nce Coverage required lity Coverage is provided in sanctioning f	Cost to be provided	
ish to pay by VISA MasterConnex or Credit-Debit Cards are not	ard I wish to pay by Etransfer		
oiry:moi	nth /year		
me on Card:	first		last
horized to charge - \$	licate the fee based on the Type of event (ab	+ 3% cc processing fee	
		-	
KO Canada from my sanctioning fee. vel Policy). All attempts will be made b	nd agree to fulfill the policies and procedures for WA However, I also understand and agree to cover the t by WAKO Canada to select officials from the closest	travel expenses of all selected officials at a rate cities to the event, however should officials nee	of \$0.50/km (WAKO Canad ed to travel more than
•	ns for those officials only. If I have to cancel or post ded for cancelled or postponed events, however events and the second second second second second second second s		late an administration fee
	: Signature	of card owner	: Date
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	DUNEAU NATIUNAL / NA	IIUNAL UTTILE	S WAK
* Ser	5008 South Service Road, Burlington, On	tario, CANADA, L7L 5Y7	
	Phone: 905-681-9815 - Email: info@		
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International Federation