



WTFSKF

OKINAWA KARATE

The WORLD KARATE GOVERNING BODY



APPLICATION FORM

Country: _____

Organization: _____

Address: _____

OFFICIALS

No.	Name and Surname	Position	Age	Sex	Rank

REFEREES

No.	Name and Surname	Age	Sex	Rank	Judge Qualification	
					Kata	Kumite

COACHES

No.	Name and Surname	Age	Sex	Rank

DOCTORS

No.	Name and Surname	Specialization	Age	Sex	Rank

DATE: _____.____.2015 SIGNATURE: _____ TITLE: _____