



**AAKF 60th
National Championships
Regional Rosters**

**June 21-24, 2023
Herndon, VA**

<https://2023.aakfnationals.com>

March 23, 2023

Dear Regional Director,

Please collect your region's individual registration forms (personal information, waiver, medical waiver, rules & regulations acknowledgment) along with picture ID photos (and payment checks) before the deadline.

The attached rosters for individual and team participants from your region should be filled in. Please note that **all submitted forms should carry the endorsement by your office and athletes should include their 2023 AAKF membership number.**

All participants (Dan and Kyu) must have their rank registered with AAKF; all black belts (youth & adult) must have their rank registered with WTKF. All ranks must have been sanctioned by a registered AAKF examiner(s). Contact the tournament organizers for the WTKF Dan Registration Application form. **The cost for both dan registrations is \$150.** For athletes who have already registered their Dan rank with the AAKF, the cost is \$100 for WTKF registration only. *Participation in training, seminar, competition and credentialing requires current (2023) AAKF Membership. Non-AAKF participants will pay an additional fee of \$40.*

Upon receipt, the AAKF National Office and the 60th Tournament Organizing Committee will also ensure that the number of athletes from your region falls within the stipulated eligibility guideline.

- Please mail completed hard copies of all forms and payments **before May 21** to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102
- Also, provide an Email copy of submitted documents **before May 21** to:
M. Tabassi, Treasurer of AAKF
email: JSKAINTL@AOL.COM

Please make payments to JSKA INTL.

- For further questions, please contact
Sensei Tabassi at 301-254-8884 Or visit <https://2023.aakfnationals.com>

Sincerely yours,

Lynne Emanuel & David Fosse
Directors, 60th National Championship Organizing Committee

March 23, 2023



Individual Adult Black Belt Athletes

REGION:

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

Also Email Copy to:
M. Tabassi, Treasurer, AAKF
[**JSKAINTL@AOL.COM**](mailto: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 MUST WEAR A MOUTH GUARD.
 MAXIMUM 6 MALE AND 6 FEMALE ATHLETES PER INDIVIDUAL EVENT.

Competitor Name		Information			Individual Categories					Fees	
Last (Family) Name	First (Given) Name	Rank	Age	Gender	Kumite	Placed 2022?	Kata	Placed 2022?	Fukugo	Placed 2022?	1 event - \$75 2 events - \$95 3 events - \$135
TOTAL:											

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



Adult Men State Kata & Kumite Teams

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

Also Email Copy to:

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JSKAINTL@AOL.COM

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 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	State	Competitor Name		Information	Fees	
		Last (family) name	First (given) name	Dan Rank		Team - \$105
Men's Synchronized Team Kata						
Men's Synchronized Team Kata						
Men's Team Kumite						
TOTAL:						

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



Adult Women State Kata Teams

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

Also Email Copy to:

M. Tabassi, Treasurer, AAKF
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.
 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	State	Competitor Name		Information	Fees	
		Last (family) name	First (given) name	Dan Rank		Team - \$105
Women's Synchronized Team Kata						
Women's Synchronized Team Kata						
Women's Synchronized Team Kata						
TOTAL:						

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



Adult State Enbu Teams

REGION: _____

Mail Hard Copies of Form and Payment to:
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PO BOX 10524
McLean, Virginia 22102

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JSKAINTL@AOL.COM

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 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	State	Competitor Name		Information	Fees	
		Last (family) name	First (given) name	Dan Rank		Team - \$100
Man / Man Enbu						
Man / Man Enbu						
Man / Woman Enbu						
Man / Woman Enbu						
TOTAL:						

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



Youth Individual Athlete Registration

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

Also Email Copy to:

M. Tabassi, Treasurer, AAKF
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 ATHLETES 4TH KYU AND ABOVE MUST WEAR A MOUTH GUARD.

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

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



Youth Teams

REGION: _____

Mail Hard Copies of Form and Payment to: 60th AAKF National Championships c/o M. Tabassi PO BOX 10524 McLean, Virginia 22102	Also Email Copy to: M. Tabassi, Treasurer, AAKF JSKAINTL@AOL.COM
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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.
 MIXED RANKS AND GENDERS ALLOWED (BOY/BOY; BOY/GIRL; GIRL/GIRL)

Category	Competitor Name		Information	Fees	
	Last (family) name	First (given) name	Dan/Kyu Rank		Kata Team \$45 Enbu Team \$40
Synchronized Team Kata (3 competitors)					
Synchronized Team Kata (3 competitors)					
Enbu (2 competitors)					
Enbu (2 competitors)					
TOTAL:					

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



Adult Kyu Individual Athlete Registration

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

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

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

Competitor Name		Information			Class				Fee
Last (family) name	First (given) name	Rank	Age	Gender	Class A 1-2 Kyu	Class B 3-4 Kyu	Class C 5-6 Kyu	Class D 7-8 Kyu	\$50 per individual
TOTAL:									

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

Adult Kyu Teams

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

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

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

Category	Competitor Name		Information	Fees	
	Last (family) name	First (given) name	Kyu Rank		Kata Team \$45 Enbu Team \$40
Synchronized Team Kata (3 competitors)					
Synchronized Team Kata (3 competitors)					
Enbu (2 competitors)					
Enbu (2 competitors)					
TOTAL:					

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



International Camp Registration

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

Also Email Copy to:

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

ALL 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 \$40 FEE AND THEIR
 PARTICIPATION MUST BE APPROVED BY THE AAKF TECHNICAL COMMITTEE.

	Participant Name		Information					Dates Attending			Fee
	Last (family) name	First (given) name	Rank	Age	Gender	AAKF Member number	US Team Member?	Tue Jun 23	Wed Jun 24	Thu Jun 25	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

Judges Seminar is included in cost of International Camp

REGION: _____

Mail Hard Copies of Form and Payment to:
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c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

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

ALL JUDGES SEMINAR 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.
 PARTICIPANTS WHO ARE SEEKING A JUDGES QUALIFICATION TEST, OR INTEND TO JUDGE AT THE TOURNAMENT, MUST PARTICIPATE
 IN ALL THREE DAYS OF THE CAMP AND SEMINAR. SEE THE JUDGES QUALIFICATION GUIDE FOR DETAILS.

	Participant Name		Information		Current Judges Qualification Class														No Current Qualification	
	Last (family) name	First (given) name	Rank	Gender	Kumite							Kata							Judging Experience (# of years)	
					1	2	3 (D)	4 (C)	5 (B)	6 (A)	7	1	2	3 (D)	4 (C)	5 (B)	6 (A)	7		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				

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



All Participants Roster

REGION: _____

Mail Hard Copies of Form and Payment to:
60th AAKF National Championships
c/o M. Tabassi
PO BOX 10524
McLean, Virginia 22102

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

ALL COMPETORS AND JUDGES 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 and Rank Registration				WTKF Rank Registration	Total Fees
Last (family) name	First (given) name	Age	AAKF Membership #	Kyu/Dan Rank	AAKF Rank Registration #	WTKF Black Belts Only (Yes or No)	All events (camp, competition)
TOTAL:							

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

PROJECTED NO. ATTENDING THE BANQUET FROM YOUR REGION (FOR PLANNING ONLY)