

EASTERN CAPE
South Africa

SUNDAYS RIVER VALLEY

PROVINCIAL

ARTS & CULTURE FESTIVAL

12 - 23 AUGUST 2019

EMAIL: info@srvartsfest.co.za

WEBSITE: www.srvartsfest.co.za



PROUDLY
SOUTH AFRICAN



2019

PROVINCIAL SYLLABUS

Performing Arts

Literary Arts

*FESTIVAL OF
LIVE PERFORMANCES*

workshops

Visual Arts

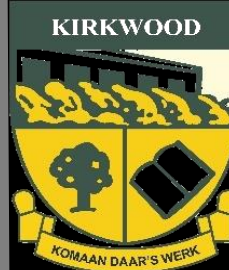


THE BIGGEST EDUCATIONAL FESTIVAL IN
THE
EASTERN CAPE

PROUDLY
SOUTH AFRICAN



YEAR 7



KIRKWOOD KARATE ACADEMY TOURNAMENT



You are hereby invited to attend the Kirkwood Karate Academy Tournament at the Sundays River Valley Provincial Arts and Culture Festival 2019



17th AUGUST 2019

KIRKWOOD HIGH SCHOOL



KIRKWOOD





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1. DATE & VENUE

SATURDAY 17TH AUGUST 2019 **STARTING AT 9 AM**

KIRKWOOD HIGH SCHOOL (L.M. DORFLING SCHOOL HALL)
KIRKWOOD

2. CONTACT DETAILS

Contact Person : Shaun Joubert
E-mail Address : sjoubert32@gmail.com
Phone Number : 0732351685
Fax Number : 041 – 9926469
Cell Number : 0732351685

3. ENTRIES

CLOSING DATE: NOON on Monday 17th June 2019

- ✓ *This is also the final day for payments of entry fees for all competitors.*
- ✓ *There will be a R20.00 penalty for late entries and for any changes made to Draw Sheets on the day of the Tournament.*
- ✓ *One official per club must ensure the correctness of the entries.*
- ✓ *All completed forms with the relevant attached documentation must be e-mailed to: info@srvartsfest.co.za on or before Monday 17th June 2019*

4. FEES & BANKING DETAILS

5. Entry Fees: R140.00 for both Kata & Kumite

GENERAL

- *Each Club to please make a once-off payment.*
- *A copy thereof must also be attached to the Official entry form.*
- *Door Entry Fees for Spectators: R10.00 per person*



INDEMNITY

It is the responsibility of each Instructor to bring the following conditions to the attention of the Competitors.

Each Competitor / Guardian must sign this form, and all forms are to be kept by the Instructor.

I hereby acknowledge that there are possible risks for bodily injury involved in competing in the Tournament.

I hereby waive and release any and all claims, causes of action, losses, damages, cost expenses, either known or unknown, now existing or arising in the future, that may have whatever kind or nature against any member, tournament organizer, team manager, referee, coach, or anyone else involved in any way with the organizing of this Tournament.

NAME OF COMPETITOR: _____

NAME OF GUARDIAN/PARENT: _____

SIGNATURE: _____

DATE: _____

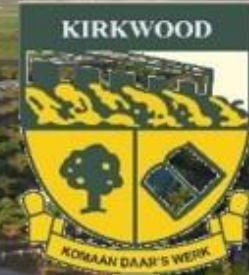


The organizers reserve the right to divide or combine categories as seen necessary.

EASTERN CAPE
South Africa



INSKRYWINGSVORM/ENTRY FORM



WEBSITE: www.srvartsfest.co.za

EMAIL: info@srvartsfest.co.za

Sensei: _____

Phone No.: _____

Club Name: _____

Fax No.: _____

Area: _____

E-mail: _____

Contact Person: _____

YOUR ASSISTANCE WILL BE GREATLY APPRECIATED IN SUBMITTING NAMES FOR THE FOLLOWING:



Referees: _____

Judges: _____

Table Officials: _____

Coaches: _____

No.	First Name	Surname	Year of Birth	Gender Male / Female	Belt Colour	Kata	Kumite
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Club Name: _____

Instructor: _____

The organizers reserve the right to divide or combine categories



