

ELITE-SAMURAI CHALLENGE

DOJO TOURNAMENT

Sundays 11 am–1pm

Date: _____

Location: _____

Name: _____

Dojo: _____

Sensei: _____ Age: _____ Rank: _____

Fee: \$20 per athlete

Check: _____ Cash: _____ Credit Card Name: _____

Credit Card # _____

Exp Date: _____

Phone # _____