

2017 World Koshiki Superkaratedo Championships

Team Meal Registrations

TEAM NAME:

| TEAM CONTACT: | | | | | | |
|---|---|------------------|------------------|--------------------|--|--|
| CONTACT EMAIL: | | | | | | |
| CONTACT PHONE: | | | | | | |
| ON-SITE PHONE: | | | | | | |
| INVOICE ADDRESS | DDOVINGE/STATE. | | | | | |
| CITY: POSTAL/ZIP CODE: | PROVINCE/STATE: COUNTRY: | | | | | |
| FOSTAL/ZIF CODE. | COUNTRI. | | | | | |
| | MINIMUM NUMBERS REQUIRED 2 WEEKS PRIOR TO ARRIVAL FINAL NUMBERS & DIETARY NEEDS DUE 1 WEEK PRIOR TO ARRIVAL RATE: \$54.00 PER PERSON/DAY FOR BREAKFAST, LUNCH & DINNER INCLUDES HST (13%) & GRATUITIES (15%) *Dinner not included on Sunday July 30 as there is a separate banquet. | | | | | |
| Date: | Saturday July 22 | Sunday July 23 | Monday July 24 | Tuesday July 25 | | |
| # of People: | | | | | | |
| Date: | Wodnosdov luly 26 | Thomadou July 27 | Evidou July 20 | Caturalan July 20 | | |
| | Wednesday July 26 | Thursday July 27 | Friday July 28 | Saturday July 29 | | |
| # of People: | | | | | | |
| _ | | | | | | |
| Date: | Sunday July 30* | Monday August 1 | Tuesday August 2 | Wednesday August 3 | | |
| # of People: | | | | | | |
| * Sunday July 30 includes Breakfast & Lunch ONLY for \$33.25 Special Dietary Restrictions (if applicable): Name: Restriction: | | | | | | |
| | | | | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



2017 World Koshiki Superkaratedo Championships

Banquet - Sunday July 30, 2017 (Optional)

| TEAM NAME: | | | | | | | |
|---|------------------------------------|----------------------|--|--|--|--|--|
| TEAM CONTACT: CONTACT EMAIL: | | | | | | | |
| CONTACT PHONE: | | | | | | | |
| ON-SITE PHONE: | · | | | | | | |
| INVOICE ADDRESS: | | | | | | | |
| CITY: POSTAL/ZIP CODE: | PROVINCE/STATE: ZIP CODE: COUNTRY: | | | | | | |
| 1031AL/ZII CODE. | | | | | | | |
| | MINIMUM N | JMBERS REQUIR | RED 2 WEEKS PRIOR TO ARRIVAL | | | | |
| FINAL NUMBERS & DIETARY NEEDS DUE 1 WEEK PRIOR TO ARRIVAL | | | | | | | |
| RATE: \$50.00 PER PERSON FOR 1 BANQUET TICKET | | | | | | | |
| INCLUDES HST (13%) & GRATUITIES (15%) | | | | | | | |
| | | Meal | Options: | | | | |
| Choose one of the three meal options below per team member | | | | | | | |
| Salmon with a Shrimp Skewer with Garlic Mashed Potatoes, Green Beans and Heirloom Carrots | | | | | | | |
| | | | | | | | |
| 3 10 | oz. Strip Loin with (| Garlic Mashed Pot | atoes, Green Beans and Heirloom Carrots | | | | |
| *Co | offee, Tea, Infused Wate | er and Assorted NY S | tyle Cheesecake included with all meal options | | | | |
| Team List & | Special Dietary Re | strictions: | | | | | |
| Name: | | Meal Option: | Restriction: | | | | |
| 1 | _ | | | | | | |
| 3 | | | | | | | |
| Δ | | | | | | | |
| 5 | _ | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 13 | | | | | | | |
| | | | | | | | |
| | Please email com | pleted form to | confcentre@fanshawec.ca | | | | |
| Questions? Call 519-452-4440x6178 or Email confcentre@fanshawec.ca | | | | | | | |
| | Signature: | | | | | | |
| | Name: | | | | | | |
| | Date: | | | | | | |