

June 10, 2014

To whom it may concern,

Invitation & General Information for Hungarian Mas Oyama Memorial Cup 2014

We would like to inform you of the Hungarian Mas Oyama Memorial Cup 2014, which will be held in Veszprem, Hungary on September 6 (Sat.). Veszprem is about 110 km away from Budapest, the capital city of Hungary.

This tournament will be held as a memorial event to mark the 20th anniversary of the death of Sosai Masutatsu Oyama, the founder of Kyokushin Karate. This international event will be cosponsored by WKO and the Hungary Branch, the host country, and WKO competitors from various regions will participate in this tournament. We would also like to invite competitors from other international karate organizations for this tournament.

Men and women competitors will compete in 7 weight divisions for this event. In each weight division, 16 men competitors and 8 women competitors (total of 88 competitors) will compete under WKO Competition Rules.

Please confirm the general information of the tournament presented below, and we ask for your kind consideration in sending your competitors to the event. When sending the relevant application documents, please clarify the attendance/absence of the organization/group leader and coach.

1. Weight division and number of competitors

Men: Lightweight (-70kg), Middleweight (-80kg), Light Heavyweight (-90kg), Heavyweight (+90kg)

【16 competitors in each division, total of 64 competitors】

Women: Lightweight (-55kg), Middleweight (-65kg), Heavyweight (+65kg)

【8 competitors in each division, total of 24 competitors】

2. Number of invited competitors from each organization

• WKO: 10 men competitors for each weight division (total of 40 competitors), 6 women competitors for each weight division (total of 18 competitors) ※ Please see below for details of the invited competitors for each region

• KWU: 2 men competitors for each weight division (total of 8 competitors), 1 women competitor for each weight division (total of 3 competitors)

• Kyokushin Union: 2 men competitors for each weight division (total of 8 competitors), 1 women competitor for each weight division (total of 3 competitors)

• Ashihara Kaikan: 1 men competitor for each weight division (total of 4 competitors)

• JKJO: 1 men competitor for each weight division (total of 4 competitors)

※ Japan (2 men competitors/1 women competitor), Europe (2 men competitors/1 women competitor), Russia (2 men competitors/1 women competitor), Hungary (2 men competitors/1 women competitor)

competitor), and other regions (2 men competitors/2 women competitors)

3. Costs covered by organizer

The following costs will be covered by the organizer.

- Subject: All competitors, 1 President/Chairman and 1 Coach from each organization (non-WKO)

*Other details under confirmation

- Details:

- 1) International air ticket (will be booked by organizer)
- 2) Accommodation (September 4th to 7th, 3 nights with breakfast)
- 3) Local transportation in Hungary (airport⇔hotel⇔tournament venue)

4. Application documents and deadline

Please fill out the attached applications, and submit them by soft or hard copy to WKO (see the contact information below) by July 11 (Fri.).

If by any chance, competitors from your organization are not able to participate in this tournament, please contact us before the deadline.

5. Remarks

All bouts will be held on September 6 (Sat.) (There will be no Tameshiwari & Decision by Weight). The schedule of the tournament will be announced (registration of competitors, weighing, briefing, etc.) separately.

6. Contact information

Postal address:

NPO World Karate Organization (WKO), Shinkyokushinkai
9-20-2F, Shin-Ogawamachi, Shinjuku-ku, Tokyo, 162-0814, JAPAN

Tel: 81-3-3268-1494 Fax: +81-3-3268-1495

E-mail: wko.two@shinkyokushinkai.co.jp

We look forward to hearing from you soon.

Sincerely,

Yasukazu Koi
WKO Executive Director

OFFICIAL APPLICATION FORM FOR COMPETITOR
Hungarian Mas Oyama Memorial Cup 2014

Place: VESZPREM Arena, Veszprem, Hungary

Date: September 6, 2014

To: Mr. Kenji Midori, World Karate Organization President
Mr. Jozsef Kaloczi, Tournament Director

I, the undersigned, do hereby swear that I will obey the rules of this tournament and fight fairly, and that the organizer will not be responsible for any injuries/accidents that will occur during the tournament.

Competitor's Signature

Date: _____ Signature: _____

<Clip a photo here>
 Size 3x4 cm
 • In DOGI
 • Face straight
 • No back ground
 Please write your name & country on the back.

<Glue a photo here>
 Size 3x4 cm
 • In DOGI
 • Face straight
 • No back ground
 Please write your name & country on the back

Family Name	First Name	Country	Flight Origin	Name of Branch Chief/Group Leader

Gender (M or F)	Date of Birth (dd/mm/yyyy)	Age (as of September 6)	Grade (Dan/Kyu)	Years of training (Year.month)	Height (cm)	Weight (kg)

*Age Limit ...18 years or older as of September 6, 2014 (Born on September 6, 1996 or before)

Category of your entry (choose from right)

Category Number	Category Name

1. Men Lightweight	2. Men Middleweight	3. Men Light Heavyweight	4. Men Heavyweight
5. Women Lightweight	6. Women Middleweight	7. Women Heavyweight	

Main Tournament History (within 3 years):

*Only the results at the advanced level (results at beginners or intermediate levels excluded)

Year	Tournament Name	Category	Placing	Name of Organizer

APPLICATION DEADLINE : July 11 (Fri.), 2014.

Attention!! Remember to send the following with this application

2 Photos Health Certificate Passport Copy

To: WKO Headquarters 9-20-2F Shin-ogawa-machi, Shinjuku-ku, Tokyo 162-0814, Japan

Tel: +81-3-3268-1494 Fax: +81-3-3268-1495

TEAM LIST**Hungary Mas Oyama Memorial Cup 2014**

Date:

Signature

COUNTRY		BRANCH CHIEF/GROUP LEADER NAME	
POSTAL ADDRESS			
TEL			
E-mail			

●TEAM LIST

No.	Family Name	First Name	Category Number	Flight Origin (for arrangement of flight)	App form	Photo	Passport Copy
Group Leader					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor 15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks							

APPLICATION DEADLINE : Friday 11th July 2014**Please check the attachments before submission****WKO Headquarters 9-20-2F Shin-ogawa-machi, Shinjuku-ku, Tokyo 162-0814, Japan****Tel: +81-3-3268-1494 Fax: +81-3-3268-1495**

HUNGARIAN MAS OYAMA MEMORIAL CUP 2014.

VESZPRÉM, 6th of September 2014

Health information for: _____
(name, surname)

Country: HUNGARY Age: _____ years Sex: Male Female

Weight: _____, ___Kg Kumite

Do you use visual correction? No Yes glasses Yes contact lenses

Do you take any medicine for - (if yes, write medicine, doses, etc. on the back of this paper)

Diabetes? No Yes

Allergy? No Yes

Asthma? No Yes

Epilepsy? No Yes

Cardio-vascular disorders No Yes

Do you use any other medication? No Yes

Have you been unconscious before? No Yes date: _____

Do you suffer from any present or previous injuries?

No Yes Which _____

Do you feel in good health? Yes No

Other relevant health information:

If you are female:

Pregnant/signs of pregnancy? No Yes = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in this cup 2014.

Your information will not be registered and are used for this cup 2014 only.

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors.

Participation in HUNGARIAN MAS OYAMA MEMORIAL CUP 2014 is at the fighters own risk.

I accept the statements above and declare my information to be correct.

Date: _____ 2014 Fighters signature: _____

Please submit this form completed and signed at the official weigh attaching a medical certificate from your country.