37TH ANNUAL KARATE CHAMPIONSHIP

REGION 8 NATIONALS

PRINCETON RECREATIONAL CENTER

1600 PRINCETON DR. DAYTON OHIO 45406

OCTOBER 4TH 2025

FOR MORE INFO CONTACT:

ROGER HAINES 937 479 5992

STEVEN ALLEN 937 554 2919

WHEN: Saturday, October 4, 2025
Black Belt Meeting 9:30 am
Tournament Starts at 10:00 am

TOURNAMENT SITE
Northwest Recreation Center
1600 Princeton Drive, Dayton, OH

REGISTRATION
Pre-Registration $45 for 4 Events
Must be Postmarked by **September 25, 2025**

At the Door:
$55 for 2 Events
$5 for each additional event

Money Orders/Checks Made to Steven Allen
Mail to: Region 8 Nationals
P.O. Box 60367
Dayton, OH 45406

SPECTATOR FEE
$10.00.....10 and Older
$ 5.00.....4 – 9
Free.....3 and Under

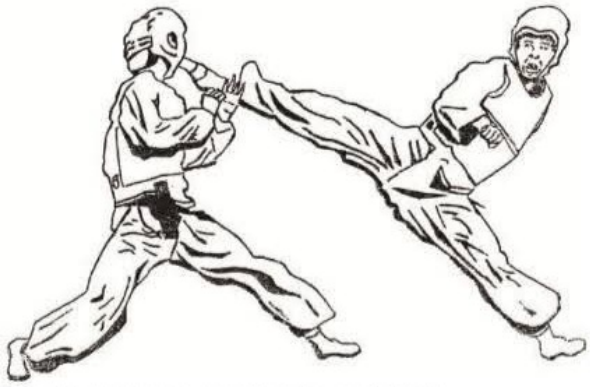
TOURNAMENT ARBITRATORS
Grand Master Calvin Campbell
Grand Master Anthony Price

EQUIPMENT REQUIREMENTS
Safety Equipment, Groin Protector and Mouthpiece are Mandatory in All Divisions

DRIVING DIRECTIONS

From the North – Take exit 54A for Ohio 48. Continue on W. Grand Ave. Take Salem Ave. and Cornell Dr. to Princeton Dr. Continue onto W. Grand Ave. Slight right to stay on W. Grand Ave. Slight right onto North Ave. Turn right onto Salem Ave. Turn left onto Cornell Dr. Turn left onto Catalpa Dr. Slight right onto Rosedale Dr. Turn right onto Princeton Dr. Destination will be on the left.

From the South – Take exit 52 for US-35 toward Eaton. Use the right lane to merge onto US-35 W. Take the James H. McGee Blvd. exit. Keep right at the fork and merge onto S. James H. McGee Blvd. Continue on S. James H. McGee Blvd. Drive to Princeton Dr. Merge onto S. James H. McGee Blvd. Turn right onto Philadelphia Dr. Turn right onto Princeton Dr. Destination will be on the right.



LIGHT FACE CONTACT ALL SPARRING DIVISION

MUST BE TWO COMPETITORS IN BLACK BELT DIVISION TO RECEIVE PAYOUT

GRAND CHAMPION FORMS &WEAPONS (MEN/WOMEN) $100
SPARRING (WOMEN) $100
BB MEN OVERALL SPARRING
GRAND CHAMPION $300

PRE-REGISTRATION FEE: $45.00 (Postmarked by September 25, 2025)
Please make checks / money orders payable to Steven Allen

Name _____ Age _____ Birthday _____ Sex _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Phone # in case of Emergency _____

Studio Name _____ Instructor Name _____

Studio Address _____ City _____ State _____ Zip _____

Division _____ Rank _____ Weapons _____ Forms _____ Fighting _____ Padded Weapons _____

I release Anthony Price, Steven Allen, the City of Dayton Department of Recreation & Youth Services, Northwest Recreation Center, Tri-State, NASKA, and all other persons and businesses associated with this event, the Region 8 Nationals 2025 from liability due to injuries, etc. that I may incur as a result of my attendance and/or participation with this event. I understand that the fighting aspect of this sport and competition involves body contact. I have read, understand and agree to abide by the rules with this event and assume all responsibility and associated liability for infringement of such rules. Additionally, I am fully aware of my medical condition and hereby certify that I am mentally and physically able to compete at this event. I also understand that a valid birth certificate or acceptable proof of age should be presented upon request.

SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18)