**WAKO INTERNATIONAL TOURNAMENT REQUEST / PERMISSION**

This is WAKO request / permission form for holding WAKO International kickboxing tournament in accordance with WAKO Rules.

**WAKO Approval**

|  |  |  |
| --- | --- | --- |
| **1. GENERAL INFORMATION:** |  | **Approved** |
| Name of tournament: |  |  |
| Date of tournament: |  |  |
| Place of tournament: |  |  |
| Country of tournament: |  |  |
| Organizer / promotor of tournament: |  |  |
| Web page of tournament: |  |  |
| National kickboxing federation: |  |  |

|  |  |  |
| --- | --- | --- |
| **2. VENUE** |  | **Approved** |
| Name of venue: |  |  |
| Capacity of venue: |  |  |
| Address of venue: |  |  |
| Web page (if any): |  |  |

|  |  |  |
| --- | --- | --- |
| **3. COMPETITION** |  | **Approved** |
| Disciplines: |  |  |
| Age categories: |  |  |
| List of all competition categories in attachment: | YES □ NO □ |  |
| Brochure of competition in attachment: | YES □ NO □ |  |
| Poster of competition in attachment: | YES □ NO □ |  |

|  |  |  |
| --- | --- | --- |
| **4. OFFICIALS** |  | **Approved** |
| Organizer of tournament: |  |  |
| Organizer’s contact email: |  |  |
| Organizer’s contact phone: |  |  |
| Chief referee: |  |  |
| Consent of the WAKO Referee Committee | YES □ NO □ |  |
| Chief doctor: |  |  |
| Consent of the WAKO Medical Committee | YES □ NO □ |  |
| Safeguarding officer |  |  |
| Consent of the WAKO Safeguarding Committee | YES □ NO □ |  |

|  |  |  |
| --- | --- | --- |
| **5. FEE and CALENDAR** |  | **Approved** |
| 750 □/1500 □/2000 □/4000 □ € fee paid | YES □ NO □ |  |
| Registrations opened on Sport Data web | YES □ NO □ |  |
| Included in the WAKO calendar | YES □ NO □ |  |
| Published on the WAKO web page | YES □ NO □ |  |

 **APPLICANT CONSENT OF THE WAKO ORGANIZING**

 **NATIONAL FEDERATION COMMITTEE APPROVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  |  |  |
| **Date:** |  |  |  |  |  |
| **Sign:** |  |  |  |  |  |