



Event Information

THIS PACKAGE IS EXPLICITLY INCORPORATED FULLY INTO THE OKF EVENT SANCTIONING POLICY AND CONSTITUTES MATERIAL.

THIS REPORT IS TO BE FILLED OUT BY THE EVENT PROMOTER AFTER HIS/HER EVENT. THIS IS A MANDATORY REPORT THAT ALLOWS THE OKF TO UPHOLD THE HIGH STANDARDS REQUIRED FOR SANCTIONING APPROVAL IN ONTARIO.

DOJO NAME: EVENT:

CONTACT NAME: PHONE: EMAIL:

EVENT DATE: / /

VENUE NAME/ADDRESS:

# OF PARTICIPANTS:	DIVISIONS	COMPETITORS	OFFICIALS	RINGS (ALL)	RINGS (MATTED)	MEDICAL STAFF
--------------------	-----------	-------------	-----------	-------------	----------------	---------------

NAME OF CHIEF REFEREE:

INCIDENT REPORT FROM MEDICS: YES NO (IF YES, PLEASE ENCLOSE WITH REPORT)

OVERVIEW PHOTO OF EVENT ENCLOSED: YES NO

WHAT ASSISTANCE CAN THE OKF PROVIDE TO YOU FOR FUTURE EVENTS?

COMPLETED BY:

DATE: / /

OKF SUGGESTIONS FOR EVENT (internal use only)