



## PROSPERIFY DOJANG

Arauna Rd, Morgenster Hoogte, Brackenfell

www.prosperity-tsd.co.za Tel: 083 953 7467 email: info@prosperity-tsd.co.za





# Combat Tang Soo Do Prosperity Martial Arts Center The KFS Cape Challenge 2025

PROSPERITY MARTIAL ARTS CENTRE, INVITE YOU AND YOUR STUDENTS TO THE CAPE TOWN CHALLENGE to be held at Curro Brackenfell, 67 Vredeveld St, BRACKENFELL, CAPE TOWN on the 11th of October 2025.

VENUE: Curro Brackenfell

67 Vredeveld St, Brackenfell, Cape Town

TIME: 7:00am Weigh-In

8:00am Judges Briefing 8:30am Run-in and Welcome 9:00am First Divisions to Start

COST: R 300 for 1 to 2 divisions.

R 50 extra for every extra division.

CATEGORIES: Traditional Forms / KATA / Paterns

Long Weapons Forms Short Weapons Forms

Semi-contact Point sparring

Semi-contact Continuous Sparring Semi-contact Low Kick Sparring

Japanese Kumite Power Breaking Sword Paper Cutting Sword Sparring

SCHOOL ENTRANCE: Please use the Main Gate on Vredeveld St, Brackenfell.

RSVP: Please have entries sent to Master Peter, peter@prosperity-tsd.co.za, by 9/10/2025 and payments done to **Account Name: WP CTSD Fund, Capitec Current account, acc. no. 1551687087; branch code 470010, Reference: Competitor Name / Club Name** before the 10th October 2025, by the Head instructor. Email Proof of Payment to peter@prosperity-tsd.co.za





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### $ENTRY\ FORM\mbox{-}\ R\ 300$ for 1 to 2 divisions and R100 for every additional division after.

Name	Weight & Height	
Age	Rank/Gup/Exp	
Gender	Email	
Style	Tel Nr	

#### **CATEGORIES**

#### I wish to enter the following:

#### Tick appropriate box

Traditional Forms / KATA / Patterns	Kumite
Long Weapons forms	Sword Sparring
Short Weapons Forms	Sword Paper Cutting
Semi Contact Point Sparring	Power Breaking
2min Semi Contact Cont. Sparring	QTY Wood / Tiles:
Semi Contact Low Kick Sparring	

I, the undersigned, do hereby voluntarily submit my application for attendance and participation and do hereby assume full responsibility for any and all damages, injuries or losses that I may incur, if any, while attending or participating. I hereby waive all claims against the promoters, sponsors, SAKMAA, MASA, CTSD and their affiliates of the said tournament individually or otherwise, for any damages, injuries or losses that I may sustain or incur. I fully understand that any medical treatment given me will be of the first aid treatment only. I consent that any pictures furnished by me or any pictures taken of me in connection with this tournament can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. I have read and fully understand the above waiver (If under 18 this form must be signed by a parent or guardian). I hereby agree and verify that I am medically fit and able to participate at the event and confirm that it is my own responsibility to inform my Instructor / Team Manager of any illness or injury that I may have and that will affect my health or the safety of my fellow competitors.

(Date)	(Signature of competitor)	(Signature of Parent or Guardian if under 18 years)