



PROSPERITY DOJANG

www.prosperity-tsd.co.za Tel: 083 953 7467
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Combat Tang Soo Do Prosperity Martial Arts Center Prosperity Friendship Tournament 2026

PROSPERITY MARTIAL ARTS CENTRE, INVITE YOU AND YOUR STUDENTS TO
THE PROSPERITY FRIENDSHIP TOURNAMENT to be held at MONUMENT PARK HIGH SCHOOL,
40 Dan King Rd, Windsor Park Estate, Kraaifontein on the 28th of February 2026.

VENUE:	Monument Park High School 40 Dan King Rd, Windsor Park Estate, Kraaifontein, Cape Town
TIME:	7:30am Instructors & Judges briefing 8:00am Official run in and Welcome 8:30am First divisions to start.
COST:	R 300 for 1 to 2 divisions. R 50 extra for every extra division.
CATEGORIES:	Traditional Forms / KATA / Patterns Traditional Weapons Forms / KATA Speed Fighting (Semi-Contact Point sparring) Evolution Fighting (Semi-Contact Continuous Sparring) Semi-Contact Low Kick Sparring No Gi Grappling Sword Paper Cutting Sword Sparring

ENTRANCE: Please use the Main Entrance to the School.

RSVP: Please have entries sent to Master Peter, peter@prosperity-tsd.co.za, by 25/02/2026 and payments done to **Account Name: WP CTSD Fund, Capitec Current account, acc. no. 1551687087; branch code 470010, Reference: Name & Style** before the 26th of Feb 2026, by the Head instructor. Email Proof of Payment to peter@prosperity-tsd.co.za



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ENTRY FORM - R 300 for 1 to 2 divisions and R50 for every additional division after.

Name		Email Address	
Date of Birth		Student Rank	
Gender		Weight	
Club/Style		Height	

CATEGORIES

I wish to enter the following :

Tick appropriate box

Traditional Forms / KATA / Patterns	No Gi Grappling
Traditional Weapons forms / Kata	Bladed Weapons Forms / Kata
Semi Contact Point Sparring	Sword Paper Cutting
2min Semi Contact Cont. Sparring	Sword Sparring
Low Kick Semi Contact Cont. 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, KFS 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)