



PROSPERITY DOJANG

Arauna Rd, Morgenster Hoogte,
Brackenfell

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

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Combat Tang Soo Do Prosperity Martial Arts Center The Cape Combat League 2025

PROSPERITY MARTIAL ARTS CENTRE, INVITE YOU AND YOUR STUDENTS TO
THE CAPE COMBAT LEAGUE TOURNAMENT to be held at NGK Brackenfell Wes, 4 Janie St,
FERNDAL, BRACKENFELL, CAPE TOWN on the 1st of November 2025.

VENUE: NGK Brackenfell Wes
4 Janie St, Ferndale, Brackenfell, Cape Town

TIME: 7:30am Weigh-In
8:00am Judges Briefing
8:30am Run-in and Welcome
9:00am First Divisions to Start

COST: R 250 for 1 to 2 divisions.
R 100 extra for every extra division.

CATEGORIES: Traditional Forms / KATA / Patterns
Traditional Weapons Forms
Semi-contact Point sparring
Semi-contact Continuous Sparring
Semi-contact Low Kick Sparring
Japanese Kumite
Gi Grappling
No Gi Grappling
MMA Light

ENTRANCE: Please use the Main Gate on Janie St, Ferndale, Brackenfell.

RSVP: Please have entries sent to Master Peter, peter@prosperity-tsd.co.za, by 29/10/2025
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 29th
October 2025, by the Head instructor. Email Proof of Payment to peter@prosperity-tsd.co.za



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ENTRY FORM- R 250 for 1 to 2 divisions and R100 for every additional division after.

Name		Weight & Height	
Date of Birth		Rank/Gup/Exp	
Gender		Email	
Style/Club		Tel Nr	

CATEGORIES

I wish to enter the following :

Tick appropriate box

☐	Traditional Forms / KATA / Patterns	☐	Japanese Kumite
☐	Traditional Weapons forms	☐	Gi Grappling
☐	Semi Contact Point Sparring	☐	No Gi Grappling
☐	2min Semi Contact Cont. Sparring	☐	MMA Light
☐	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)