



# PROSPERITY DOJANG

Arauna Rd, Morgenster Hoogte,  
Brackenfell

[www.prosperity-td.co.za](http://www.prosperity-td.co.za) Tel: 083 953 7467

email: [info@prosperity-td.co.za](mailto:info@prosperity-td.co.za)



## Combat Tang Soo Do Prosperity Martial Arts Center The Cape Combat League 1 2026

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

VENUE: NGK Brackenfell Wes  
4 Janie St, Ferndale, 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: Semi-contact Point sparring  
Semi-contact Continuous Sparring  
Semi-contact Low Kick Sparring  
Gi Grappling  
No Gi Grappling  
MMA Light  
Ring Full Contact  
Ring Low Kick  
Combat League Ring K1 Light  
Combat League Ring K1  
Combat League Ring Muay Thai  
Ring Semi Contact Sport Boxing  
Ring Full Contact Sport Boxing  
Combat Weapons (Battons)

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

RSVP: Please have entries sent to Master Peter, [peter@prosperity-td.co.za](mailto:peter@prosperity-td.co.za), by 11/03/2026  
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 12<sup>th</sup>  
March 2026, by the Head instructor. Email Proof of Payment to [peter@prosperity-td.co.za](mailto:peter@prosperity-td.co.za)



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

<b>Name</b>		<b>Weight &amp; Height</b>	
<b>Date of Birth</b>		<b>Rank/Gup/Exp</b>	
<b>Gender</b>		<b>Email</b>	
<b>Style/Club</b>		<b>Tel Nr</b>	

## CATEGORIES

**I wish to enter the following :**

**Tick appropriate box**

<input type="checkbox"/>	Semi Contact Point Sparring	<input type="checkbox"/>	Ring Low Kick
<input type="checkbox"/>	2min Semi Contact Cont. Sparring	<input type="checkbox"/>	Ring K1 Light
<input type="checkbox"/>	Semi Contact Low Kick Sparring	<input type="checkbox"/>	Ring K1
<input type="checkbox"/>	Gi Grappling	<input type="checkbox"/>	Ring Muay Thai
<input type="checkbox"/>	No Gi Grappling	<input type="checkbox"/>	Ring Semi Contact Sport Boxing
<input type="checkbox"/>	MMA Light	<input type="checkbox"/>	Ring Full Contact Sport Boxing
<input type="checkbox"/>	Ring Full Contact	<input type="checkbox"/>	Combat Weapons(Battons)

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)