

# 2026 Samurai Winter Championships

Sunday, March 15<sup>th</sup>, 2026

\*\*NEW LOCATION\*\*



Spencerport Cosgrove Middle School Gym #1  
2749 Spencerport Road  
Spencerport, NY 14559

## **DIVISIONS AVAILABLE FOR:**

KIDS

TEENS

ADULTS

**in: Kata – Weapons Kata – Sparring!**

## Awards for all competitors



# **2026 SAMURAI WINTER CHAMPIONSHIPS**

DATE: **Sunday, March 15<sup>th</sup>, 2026**

LOCATION: **Spencerport Cosgrove Middle School Gym #1**  
2749 Spencerport Road  
Spencerport, NY 14559

FEE: **\$65 for 1 event**  
**\$75 for 2 events**  
**\$85 for 3 events**

All applications and payments should be postmarked before March 12<sup>th</sup>, 2026. Late registration fee of \$10 for any applications and payments after March 12<sup>th</sup>, 2026.

ADMISSION FEES: Adults (18 and over): **\$10.00**  
Kids (6 – 17): **\$8.00**  
Kids (5 and under): **FREE**

DRESS CODE: Traditional gi for all competitors.

RECOMMENDED EQUIPMENT: Safety gloves, Safety kicks, & foam headgear with face shield, and mouthguards for all athletes, cups and supporters for all male athletes. Shin/instep guards and rib guards are optional.

DIVISIONS: Competitors will be grouped by age and experience. Divisions are subject to change depending on the number of competitors enrolled.

## **EXPERIENCE CATEGORIES:**

**BEGINNER** – Up To 1 Year of Training (White, Yellow, Orange Belts)

**NOVICE** – 1 – 2 Yrs of Training (Yellow, Orange, Blue, Green Belts)

**INTERMEDIATE** – 2 – 4 Yrs of Training (Blue, Green, Purple, Brown Belts)

**ADVANCED** – 4 or More Years of Training (Black Belts)

*Every dojo has a different ranking system and promotion schedule; therefore, divisions will have mixed belt colors and be arranged according to years of training and/or belt level.*

\*\*SCHEDULE OF EVENTS:

9:00am:	Meeting for all judges, coaches, and scorekeepers
9:30am:	Black Belt Adults & 4-8 year olds - all divisions
10:15am:	9-12 year olds - all divisions
11:30am:	13 year olds & up - all divisions

## **\*\*PLEASE NOTE\*\***

These are the earliest possible start times. Actual start times will vary depending on the number of athletes competing.

# 2026 COMPETITOR REGISTRATION FORM

\*Please fill out the form completely\*

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Dojo \_\_\_\_\_

Belt color/level \_\_\_\_\_ Years of training \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Choose which divisions you would like to compete in & your years of experience:**

1 event - \$65

2 events - \$75

3 events - \$85

<input type="checkbox"/> Kata	<input type="checkbox"/> Beginner (Under 1 year of training) (White, Yellow, Orange Belts)
<input type="checkbox"/> Kobudo (Weapons Kata)	<input type="checkbox"/> Novice (1 to 2 years of training) (Yellow, Orange, Blue, Green Belts)
<input type="checkbox"/> Kumite (Sparring)	<input type="checkbox"/> Intermediate (2 to 4 years of training) (Blue, Green, Purple, Brown Belts)
	<input type="checkbox"/> Advanced (4 or more years of training) (Black Belts)

**-Waiver-**

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold Samurai Martial Arts Dojo LLC, and all its members, the tournament site and workers, all referees, judges, volunteers and anyone else for any liability or injury I may sustain by way of my traveling to or from, participation in, or other direct or indirect involvement on said karate event I have entered. In addition, I hereby now and forever, accept any and all responsibilities for any actions in conjunction with said event. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films or videotapes of myself.

\_\_\_\_\_  
(Signature of Competitor  
(Signature of parent or guardian if competitor is under 18 years old)

*Return this form with the registration fee by March 12<sup>th</sup>, 2026, to Samurai Martial Arts Dojo LLC.*

*1512 Spencerport Rd • Rochester, NY • 14606 • manager@samuraimartialarts.com*

*Late fee is \$10 will be added if payment is not received by March 12<sup>th</sup>, 2026*

*For office use only*

Number of events: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Employee: \_\_\_\_\_

*To pay by credit card fill out the information below and return form by mail or email  
(Please print clearly)*

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Billing Zipcode \_\_\_\_\_ CVV Code (on back) \_\_\_\_\_

Phone # of credit card holder