

BATTLE OF THE BELTS

PKC Region 2



SATURDAY, MARCH 21, 2026

Competition begins at 10am SHARP

Noblesville West Middle School

19900 Hague Rd., Noblesville, Indiana

Awards Banquet to follow tournament

Chanbara - Kata/Forms - Point Sparring - Weapons Kata

8:15 AM Doors / Registration Open
9:25 AM Black Belt / Rules Meeting
9:30 AM Score / Time-Keeper Meeting
9:50 AM Line up and bow in
10:00 AM Eliminations Begin

Early Bird \$60 all events

At the door - \$65

\$5 Discount with

PKC or TKA Membership

\$5 Discount for Immediate Family



“Triple” Points Tournament



Sanctioned Event

Banquet Registration for March 21, 2026 with 6:00pm seating

Name: _____ PKC# _____

Number Attending: Children _____ 11-12 _____ Adult _____

Phone Number: _____

Address: _____

Email: _____

Children 10 & under - \$40 • Adult - \$55

Combat Ministries, 2717 S. Central Way, Anderson, IN 46011
**Membership must be up to date*

RSVP by Friday, March 7, 2026

*Cash, Credit Cards, or Checks made out to American Blackbelt
 For credit card payments call 317-250-6695*

**Mail Registrations to:
 American Blackbelt
 121 S. Harbour Dr.
 Noblesville, IN 46062**

Tournament Registration

First Name: _____ Last Name: _____ Birthdate: ____/____/____

Address: _____ Age on 3/21/26 _____

City: _____ State: _____ Zip: _____ PKC#: R-_____

Email: _____ Phone: _____

Instructor: _____ Instructor Phone: _____

Martial Arts School: _____ Belt Color / Kyu Rank: _____

<u>Sex: (circle one)</u>	<u>Events Competing IN . . . (circle all that apply)</u>	<u>Division: (circle one)</u>
Male	Sparring Push Hands Handicapable	Novice Intermediate
Female	Chanbara Weapons Kata	Advanced Black Belt/Jr.

I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the facility, promoters, operators, sponsors, advertisers, tournament agents or the Professional Karate Commission, TKA, United States Karate Do Kai. I hereby waive any/all compensation whatsoever, for the use of photos, movies, media coverage, etc. utilized by those associated with this event at any time. I understand that incomplete forms cannot be processed, including inability to read the registration form and that proof of age by birth certificate or government identification is mandatory in all divisions. By signing, I acknowledge that I have read and understand the current version of PKC Region 2 rules; as well as use what safety equipment is required for every aspect of competition at this event. Entry fee can be made by cash, check or credit card made out to American Blackbelt Martial Arts. I fully understand that any medical treatment given to me will be of a First-Aid treatment only.

Signature: _____ Date: _____

Parent/Guardian (If under 18): _____ Date: _____

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