



43rd National All Martial Arts Championship™

OFFICIAL ENTRY FORM



Name _____ Age _____ Sex M F

Address _____ City _____ State _____ Zip _____

Your Rank _____ Phone () _____

School Name _____ Phone () _____

School Address _____ City _____ State _____ Zip _____

Instructors Name _____ Rank _____

Liability Waiver

I hereby submit my application for registration in the 43rd National All Martial Arts Championship. I agree to waive Claims against any persons connected with this Championship for injuries I may sustain and likewise assume full responsibility for all of my actions in connection with said Championship. I understand that any pictures of my participation in the said Championship may be used for publicity without notice or compensation.

Signature _____ Date _____

Signature _____ Date _____

If under 18 Years of age, Guardians Signature required

Events: Forms Sparring Weapons Breaking Credit Card Payment: MC Visa Accepted Only!

Advanced Tickets: Children _____ Adult _____ CC# _____ EXP _____

Method of Payment: Cash Check # _____ TOTAL AMMOUNT ENCLOSED: _____



National All Martial Arts Championship™

Official Registration Form

Approved By:
Master Chun Sik Kim

NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 SCHOOL: _____ PH#: _____
 INSTRUCTOR: _____ AGE: _____
 DIVISION: _____ RANK: _____

FORMS	SPARRING	WEAPONS	BREAKING
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