

SHADOWKICKS' TOURNAMENT OF CHAMPIONS

SATURDAY, FEBRUARY 27, 2010 | 10 AM START TIME
INDIVIDUAL REGISTRATION FORM
\$50 FOR 1 OR 2 EVENTS | SPECTATORS: \$5 (4+)

NAME: _____ AGE: _____ MALE / FEMALE (Circle One)

ADDRESS: _____

CLUB NAME/DOJANG: _____

I, _____ hereby submit my application for registration at the Shadowkicks; Tournament of Champions.

I agree to waive all claims against any person(s) connected with the tournament, for any injury I may sustain during the tournament. I hold myself responsible for my own actions and promise to act according to the rules and regulations of the tournament.

I further agree that any pictures or videos taken of or by me in connection with the tournament can be used by the tournament director for publicity or promotion without compensation at this time or any future date.

Applicant's Signature

Parent/Guardian Signature
(If applicant is under 18 years old)

Date

PLEASE MAKE CHEQUES PAYABLE TO "SHADOWKICKS TAEKWONDO"
Tournament Location: Malton Community Centre | 3540 Morning Star Drive | Mississauga, ON | L4T 1Y2

PATTERNS (TULS)

NAME: _____ AGE: _____ MALE / FEMALE

DOJANG (CLUB NAME): _____

BELT LEVEL: _____

SPARRING (MATSOGI)

NAME: _____ AGE: _____ MALE / FEMALE

DOJANG (CLUB NAME): _____

BELT LEVEL: _____