

Name _____ DOB _____ AGE _____
Phone _____ Email _____
Address _____ City _____ St _____ Zip _____
Instructor _____ School/school address _____

Belt Rank _____ Total training time months/years _____ Beg up to 11 mos _____
Intermediate 12 mos to 26 mos _____ Adv 26 mos to BB _____ Black Belt _____
Master(head of school) _____

___ Early-Bird registration – 40.00 unlimited Div includes 1 spectator postmarked November 1st ***
___ Pre registration – 45.00 unlimited Div includes 1 spectator postmarked November 10th ***
___ Beginner white belt sparring or form 1 division only 25.00 _____
___ After Nov 10th – 55.00 Unlimited Divisions, and spectators (see below)
___ Spectators 5.00 each 12 and up, 3.00 each 11 and under(5 and under free), family 10.00

DIVISIONS: will be determine by age/rank. SR divisions will be available based on registration
Black Belt Adult and Master Forms will be judged first. To start at 9:30am

Master/Grand Master traditional form _____ (no charge to head of school who stays to help judge)
Traditional forms(any style) _____
Traditional weapons(any style) _____
Creative open hand or weapon (any style – can include music, synchronized) _____
Flag sparring(5and under) _____
Point Sparring _____

Waiver and intent to compete: In consideration of your acceptance of my entry, I do for myself (or minor child), heirs, executors, administrators, waive, release and forever discharge all rights and claims for damages which may hereafter accrue to me against Coquille Martial Arts, City of Coquille, and the operators thereof for any and all damages which may be sustained or suffered by me in connection with my association with or entry into this tournament or in travel to or from and participation in this athletic event. I also consent that any pictures taken of me or my minor child may be used for promotion or publicity and I waive compensation in regards to photos taken or published.

competitor legal guardian if under 18 date

Mail to: 74 E 1st St, Coquille Or 97423