

REGISTRATION FORM
21st ANNUAL U.S. CENTRAL OPEN TAEKWONDO CHAMPIONSHIP

July 28, 2012

Carl Albert High School Field House
2009 S. Post Rd. Midwest City, Oklahoma 73130

Name _____ Age _____ Wt _____ Ht _____ Sex _____

Street Address _____ Tel (____) _____

City _____ State _____ Zip _____ Belt Color _____

SCHOOL/CLUB

Club _____ Instructor's Name _____

Street Address _____ Tel (____) _____

City _____ State _____ Zip _____

I, the undersigned, hereby waive all claims against In Hui Won, all persons connected with the 21ST Annual U.S. Central Open Taekwondo Championship, Mid-Del schools, Carl Albert High School, Tournament officials, Grand Master Won's Taekwondo, and/or the U.S. Central Taekwondo Association for any injuries that I may sustain during my participation in the competition. I also assume full responsibility for any of my actions during and in connection with said tournament.

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

Competitor's Signature _____ Date _____

If competitor is under 18 years, Signature of Parent/Guardian _____

PLEASE CIRCLE YOUR SPECIAL EVENTS:

OFFICIAL FORMS

SPARRING

BREAKING

ONE, TWO, OR THREE-STEP SPARRING

WEAPON

CREATIVE FORMS

MUSICAL FORMS

TEAM FORMS

COUPLES FORMS

HAPKIDO:

LONG FALLING

HIGH FALLING

SELF DEFENSE (6 TECHNIQUES)

DOUBLE SPLIT JUMP SNAP KICK

JUMP SNAP KICK (FEET TOGETHER)

SCISSOR KICK

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: July 25, 2012

\$65.00 for any two events

\$20.00 for each additional event

Late Fee: add \$15.00 at the door

MAKE CHECKS PAYABLE TO:

U.S. Central Taekwondo Association

MAIL TO:

10801 S. Sunnyslane Road

Oklahoma City, OK 73160

Tel. (405) 793-0752 Fax (405) 794-0768

REFUND PROCESSING FEE IS \$20 or FULL APPLICATION FEE MAY BE APPLIED TO NEXT TOURNAMENT

If paying by credit card

Credit Card # _____ Exp. Date _____ Phone _____

Cardholder's Name _____ Card Type _____ Amount _____

Cardholder's Signature _____ Date _____

Cardholder's Address _____ City _____ State _____ Zip _____

***ONLY VISA AND MASTERCARD ACCEPTED**

COACH REGISTRATION FORM
21st ANNUAL U.S. CENTRAL OPEN
TAEKWONDO CHAMPIONSHIP

July 28, 2012

Carl Albert High School Field House
2009 S. Post Rd Midwest City, OK 73130

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: July 25, 2012

\$20.00 per Coaching Pass

Late Fee: add \$5.00 at the door

Master and Head Instructor's fee will be waived

*for every ten competitors one free coach pass

MAKE CHECKS PAYABLE TO:

U.S. Central Taekwondo Association

MAIL TO:

10801 S. Sunnyslane Road

Oklahoma City, OK 73160

Tel. (405) 793-0752 Fax (405) 794-0768

Name _____	Age _____	Belt _____
Your Address _____		Tel.() _____
City _____	State _____	Zip _____

SCHOOL/CLUB

Club _____	Instructor's Name _____	
Address _____		
Tel.() _____		
City _____	State _____	Zip _____

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

Coach's Signature _____ Date _____

If coach is under 18 years, Signature of Parent/Guardian _____

If paying by credit card

Credit Card # _____	Exp. Date _____	Phone _____
Cardholder's Name _____	Card Type _____	Amount _____
Cardholder's Signature _____	Date _____	
Cardholder's Address _____	City _____	State _____ Zip _____

***ONLY VISA AND MASTERCARD ACCEPTED**