

COMPETITOR REGISTRATION FORM
32nd ANNUAL OKLAHOMA INVITATIONAL
TAEKWONDO CHAMPIONSHIP

February 18, 2017
Del City High School Field House
1900 S. Sunnyslane Rd. Del City, OK 73115

Name _____ Age _____ Wt _____ Ht _____ Sex _____
Address _____ Tel _____ Email _____
City _____ State _____ Zip _____ Belt Color _____
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 31st Annual Oklahoma Invitational Taekwondo Championship, Mid-Del schools, Del City 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 COMPETITION EVENTS:

OFFICIAL FORMS

FIGHTING

PLEASE CIRCLE YOUR SPECIAL EVENTS:

BREAKING

ONE, TWO, OR THREE-STEP SPARRING

WEAPON

CREATIVE FORMS

MUSICAL FORMS

TEAM FORMS

HAPKIDO:

LONG FALLING

HIGH FALLING

SELF DEFENSE

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: February 16, 2016

\$70.00 for any two events

\$25.00 for each additional event

Late Fee: add \$20.00 at the door

SEND REGISTRATION & MONEY TO:

U.S. Central Taekwondo Association

10801 S. Sunnyslane Road

Oklahoma City, OK 73160

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

gmwons@gmail.com

REFUND PROCESSING FEE IS \$25 or FULL APPLICATION FEE MAY BE APPLIED TO NEXT TOURNAMENT

*** IF PAYING BY CREDIT CARD ONLY VISA AND MASTERCARD ACCEPTED***

Credit Card #: _____ Exp. Date: _____ Billing Zip _____

Cardholder's Name: _____ Card Type: _____ Amt: \$ _____

Signature: _____ Date _____ Phone: _____