



REGISTRATION FORM
**2017 U.S. CENTRAL TAEKWONDO
 INVITATIONAL CHAMPIONSHIP**



November 18, 2017

U.S. Central Taekwondo Training Center
 10801 S. Sunnyslane Rd. Oklahoma City, OK 73160

Please fill out registration form completely

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 U.S. Central Association Invitational Championship, 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 EVENTS:

OFFICIAL FORMS

SPARRING

BREAKING

ONE, TWO, OR THREE-STEP SPARRING

WEAPON

TEAM FORMS

COUPLES FORMS

HAPKIDO:

LONG FALLING

HIGH FALLING

SELF DEFENCE

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: November 16, 2017
 \$60.00 for any one event
 \$10.00 for second event
 \$25.00 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 & MASTERCARD ACCEPTED**