

REGISTRATION FORM

29th ANNUAL U.S. CENTRAL OPEN TAEKWONDO CHAMPIONSHIP

October 24, 2020

Grand Master Won's Taekwondo
10801 S. Sunnyslane Rd

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:

****Event times may change by +/- 1 hour****

- | | | | |
|---------------------------------|---------------------------|-------------------------|---------------------------|
| Official Poomsae (Forms) | Couple Poomsae | Creative Poomsae | Team Poomsae |
| Power Breaking | Technical Breaking | Weapons | Double Roundhouses |
| Self Defense | Step Sparring | | |

SPECIAL NEEDS:

- Poomsae (Forms) Kyukpa (Breaking) Weapons**

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: October 21, 2020
\$65.00 for any one or two event(s)
\$20 for each additional event (3+)
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
email to: gmwons@gmail.com

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

If paying by credit card

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