

COMPETITOR REGISTRATION FORM
35th ANNUAL OKLAHOMA INVITATIONAL
TAEKWONDO CHAMPIONSHIP

February 29, 2020

Kerr Middle School • 2300 Linda Lane 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 35th Annual Oklahoma Invitational Taekwondo Championship, Mid-Del schools, Kerr Middle 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: **POOMSAE (FORMS)** **KYORUGI (FIGHTING)**

PLEASE CIRCLE YOUR SPECIAL EVENTS: **BREAKING** **DOUBLE ROUNDHOUSE**

COUPLE POOMSAE CREATIVE POOMSAE TEAM POOMSAE WEAPONS

HAPKIDO: **LONG FALLING HIGH FALLING SELF DEFENSE**

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: February 26, 2020

\$70.00 for any one events

\$10.00 for any second event

\$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 _____ CVV _____

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

Signature: _____ Date _____ Phone: _____