## COMPETITOR REGISTRATION FORM

## 33<sup>rd</sup> ANNUAL U.S. CENTRAL OPEN TAEKWONDO CHAMPIONSHIP & 1<sup>st</sup> ANNUAL OKLAHOMA KUKKIWON HANMADANG

**September 27, 2025** 

Location: U.S. Central Taekwondo Association Central Gym, 10801 S. Sunnylane Rd., OKC, OK 73160

Name		Age DOB (m/d/y)					
Email		_ Wt (lbs)_	Ht	(in)	Gen	der (m or f)	
Street Address				Tel (	)		
City	S	tate	Zip	B	elt Color_		
	SCH	OOL/CLU	В				
Club	1	Instructor's 1	Vame				
Street Address	· · · · · · · · · · · · · · · · · · ·		Tel ()				
City	Sta	ate	Zip				
responsibility for any of my a officials, referees, coaches, pa Championship can be used by	ion for any injuries that I may suctions during and in connection arents, etc I further agree that a the tournament director for put	with said tou ny pictures ta iblicity or pro	rnament. I w ken of or by motion with	vill be respo me in cons out compe	ectful and I nection with nection at the	will not yell at the said is or any other time.	
	ears, Signature of Parent/Guard						
	check YOUR EVENTS:						
Kyorugi (Sparring)	Poomsae (F	orms)	Cı	eative Po	omsae		
Team, Family, or Couple	Poomsae We	apons	Breakin		egalzina	High Fall (Hapkido	
Double Roundhouses		•	Step Sparring (Hapkido)		Long Fall (Hapkid		
	Single Roundho	ouses	Step Spai	rring (Ha	іркіао)		
Special HANMADANG EVEN		G 14		. 1 1	1 T	D.	
Knife Hand Breaking	Back Kick Breaking	Seli	lf-Defense Individual		ai le	am Demo	
Side Kick Breaking	Speed Spin Hook Kick	k Self	Self-Defense Group		Ju	mping High Kick	
<b>SPECIAL NEEDS:</b>	Para Poomsae (Forms)	Para I	Kyukpa (Bı	reaking)			
PRE-REGISTRATION & ENTRY FEE Pre-registration received by: September 24, 2025 \$85 for any one event \$35 for each additional event Late Fee: add \$25 at the door		MAKE CHECKS PAYABLE TO: U.S. Central Taekwondo Association Email to: gmwons@gmail.com Mail to: 10801 S. Sunnylane Road Oklahoma City, OK 73160 Tel. (405) 793-0752			ation <u>m</u>		
REFUND PROCESSIN	G FEE IS \$25 or FULL APPLI	CATION FEI	MAY BE A	APPLIED 7	TO NEXT T	OURNAMENT	
If paying by credit card:	[or pay credit card by phone	by calling (4	05) 793-075	2]			
Credit Card #	Credit Card #				CVV		
Cardholder's Name					Amou	ınt	
Cardholder's Signature_		·	Date		Phone		
Cardholder's Address			City		State	Zip	