

WCMA COMPETITION REGISTRATION FORM

ATTENTION: PLEASE TAKE CARE IN FILLING OUT THE ENTRY FORM. IT MUST BE ACCURATE AND COMPLETE OR IT MAY CAUSE THE COMPETITOR TO MISS HIS/HER COMPETITION OR RECEIVE A DISQUALIFICATION. SEND BY PRIORITY OR CERTIFIED MAIL WITH DELIVERY DATE CONFIRMATION! NO REFUNDS WILL BE ISSUED OR TRANSFER OF COMPETITION / SPECTATOR FEES FOR ANY REASON. NOTICE: ALL U.S.A. COMPETITORS ARE REQUIRED TO ORDER AND WEAR THE NEW OFFICIAL TEAM USA WARM-UP AND COMPETITION UNIFORM!

(NOTE: ONE LAST NAME ONLY!)

***** PLEASE PRINT - Non-Printed or Type Forms WILL NOT be Processed!*****

Last Name: _____ First Name: _____

Address: _____ City: _____

State/Prov: _____ Postal Code: _____

Country: _____ Phone: _____

Birth Date _____ Age at time of Event: _____ Sex: M _____ F _____

Height: _____ Weight: _____

Style: _____ Belt/ Sash Color: _____

Total Training Time: Years _____ / Months _____ (Registration is by TOTAL TIME IN TRAINING on The date of the Event - Failure to provide this information will result in disqualification)

1st Entry

2nd Entry

3rd Entry

4th Entry

5th Entry

* IMPORTANT THAT YOU INSERT THE CORRECT NUMBER FROM EACH DIVISION INTO THE BOXES ABOVE!!

Make sure that you use your length of training time from the date of the tournament not the date you send your form back.

I, for myself, Heirs, executors and administrators, waive and release any and all rights and claims for damages I have against the Martial Arts Event and its Principals and Representatives, including but, not limited to, team, coaching, and staff members & Dr. Harold Mayle The WCOAA/WCMA, as well as, All Sponsors and Their Representatives from any and all Claims of Damage and or Actions, whatsoever in any manner, as a result of my participation in said event. I am fully aware of the inherent risks and body contact involved in participating in an event of this type. I attest and verify that I am physically and mentally fit and that I have been sufficiently trained to compete in this event. I consent to and am aware that the only medical treatment I may receive will be of FIRST-AID TYPE ONLY!

I sign my name this _____ day of _____, 2_____ .

Competitors Signature Parents or Legal Guardian (If under 18 yrs. of age)

***NOTE: All Competitor Registrations & Non-Competitor Lists must be sent with payment in full, USA OR INTERNATIONAL MONEY ORDER, IN U.S. DOLLARS ONLY!**

**DR. H. L. MAYLE
3129 N. BUCKINGHAM CT.
BROWNSVILLE, TX 78526**

All Competition Registrations & Non- Competitor Lists Must Be Received by Dec. 15, 2010!
ANY LATE REGISTRATION WILL NOT BE PROCESSED!

Tournament Fees: From present date until RECEIVED by Dec. 15, 2010

Competition Registration Fee: \$100.00 If your name Does Not appear on Four Point Travel Room or Resort's WCMA Rooming List: Fee \$250.00

Pre-paid Spectator Fees: Received by Dec.15, 2010 – First and Last Names on Spectator List

\$20.00 for a Two Day Pass. If your name does not appear on Four Point Travel Room or Resort's WCMA Rooming List: Spectator Fee \$115.00 for 1 day pass & 120.00 for 2 day Pass.

Spectator Fees: "At the Door" on the day of the event "U.S \$ CASH ONLY"

\$50.00 per person age 3 and older for each day If your name does not appear on Four Point Travel Room or Resort's WCMA Rooming List: Spectator Fee \$100.00 for each day

**MAKE AS MANY COPIES AS YOU NEED FOR COMPETITORS AND
A SEPARATE LIST OF ANY NON-COMPETITORS / SPECTATORS AGE 3 AND
OLDER. NOTE: A PASSPORT MAY BE REQUIRED AS PROOF OF AGE.**

**DON'T WAITE....GET YOUR COMPETITION
OR SPECTATOR REGISTRATIONS IN!**