

# COMPETITION REGISTRATION FORM

**ATTENTION:** PLEASE TAKE CARE IN FILLING OUT THE ENTRY FORM. MUST BE **ACCURATE AND COMPLETE** OR IT MAY CAUSE THE COMPETITOR TO MISS HIS/HER COMPETITION OR POSSIBLE DISQUALIFICATION. **NO REFUNDS WILL BE ISSUED OR TRANSFER OF COMPETITION FEES FOR ANY REASON. ( 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

6th Entry

7th Entry

8th Entry

**\* IMPORTANT THAT YOU INSERT THE CORRECT NUMBER FROM EACH DIVISION INTO THE CIRCLES 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 It's 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 \_\_\_\_\_, 200 .

\_\_\_\_\_  
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 ONLY!**

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

**All Registrations Must Be Received Before MARCH 1, 2009! A LATE REGISTRATION WILL RESULT IN DISQUALIFICATION!**

**Tournament Fees: From present date until December 15, 2008**

**NON US Competition Registration Fee: \$60.00 for 1st Event**

***All competitors \$10.00 for each additional entry.***

**Tournament Fees: From December 16, 2008 to March 1, 2009**

**NON US Competition Registration Fee: \$70.00 for 1st Event**

***All competitors \$15.00 for each additional entry.***

**Pre-paid Spectator Fees: from present day to March 1, 2009**

**(For those who have not purchased a Team USA Jacket)**

**\$25.00 per person for one day**

**\$40.00 per person for two days**

**Spectator Fees: At the door on the day of the event "CASH ONLY"**

**(For those who have not purchased a Team USA Jacket)**

**\$30.00 per person for one day**

**\$50.00 per person for two days**

**Special note: Anyone who purchases a Team USA warm up jacket does not have to pay any of the spectator fees.**

**MAKE AS MANY COPIES AS YOU NEED FOR COMPETITORS AND A  
SEPARATE LIST OF ANY NON-COMPETITORS**

**AMOUNT ENCLOSED \$ \_\_\_\_\_**