



U.S. Chang Moo Kwan Championship

May 3, 2003

Saginaw (Buena Vista), MI

Last Name _____	M () F ()
(Please Print)	
First Name _____	Age ____ D.O.B. _____
(Please Print)	
Home Address _____	
City _____	State _____ Zip Code _____
Home Phone _____	Work Phone _____
Martial Arts School Name _____	
Instructor's Name _____	
Belt Level: Color _____	Keup _____ Dan _____

Divisions of less than 4 competitors may be combined with the next division up.	NO REFUNDS OF MONEY ONCE REGISTERED
Competitor (One and Two Events)	\$45.00
Each Additional Event	\$ 5.00
<i>Late Registration (After April 26, 2003)</i>	\$ 5.00
NO PERSONAL CHECKS ACCEPTED	TOTAL:
MONEY ORDER OR CASHIER CHECK ONLY	
Make payable to: US Tae Kwon Do Dojang	

<u>Please circle the events you are participating in:</u>			
Forms	Sparring	Breaking	Shadow Free Sparring

Liability Waiver

I do hereby submit my application to the Annual U.S. Chang Moo Kwan Championship. I agree to waive all claims against any person connected with this championship for injuries I may sustain and assume full responsibility for all my actions in connection with said championship. I understand there are rules and regulations associated with this competition and I will abide by said rules and regulations. I also understand that any pictures of me participating in said championship may be used for publicity without compensation.

Competitor's Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____