



SUMMER MARTIAL ARTS MADNESS

TOURNAMENT REGISTRATION FORM

DATE: Saturday, August 10, 2019

EVENTS: Forms, Weapons, Breaking, Sparring

PLACE: Upper Chichester Community Center **FEES:** 2 Events \$50.00 (if registered by July 15th)
 8500 Furey Rd. \$60.00 (After July 15th)
 Aston, PA 19014 Additional Events \$5.00 Spectators: \$5.00

TIME: 10:00am

NAME: _____ **RANK:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AGE: _____ **SEX:** _____ **WEIGHT:** _____ **HEIGHT:** _____

STUDIO: _____

INSTRUCTOR: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

I wish to compete in the following events: (check all that apply)

FORMS WEAPONS BREAKING SPARRING

DISCLOSURE:

I hereby submit my application for registration in the 2019 MUDOIN SUMMER MARTIAL ARTS MADNESS TOURNAMENT. I agree to waive claims against any persons connected with the event for injuries I may sustain and likewise assume full responsibility for all my actions with said event. I understand that any photographs or videos of my participation in said event may be used for publicity without compensation.

Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18 years of age): _____

Any applications mailed in must be submitted with fees attached.
 Make checks payable to:

 MUDOIN
 625 S. Chester Rd.
 Swarthmore, PA 19081

Championship Entry Fee	\$ _____
Additional Events	\$ _____
TOTAL	\$ _____