

**37TH ANNUAL
WESTERN WASHINGTON INVITATIONAL
TAE KWON DO TOURNAMENT**

**MEADOWDALE COMMUNITY CLUBHOUSE
6801 N MEADOWDALE ROAD EDMONDS, WA**

Saturday October 21, 2017 Noon

IMPORTANT: Please **complete** the **entire** form and double check to be sure that **all information** is **accurate**. This information is used to **assign** your **position** in competition.

NAME: _____ **PHONE:** _____
STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____
AGE: ____ **DATE OF BIRTH:** _____ **HEIGHT:** ____ **WEIGHT:** ____ **SEX:** ____
BELT COLOR: _____ **KUP OR DAN:** ____ **INSTRUCTOR:** _____

REGISTRATION: 10:00 a.m. **WARM-UP:** 11:00 a.m.

REGISTRATION FEES: \$25.00 for one division; \$30.00 for two divisions; \$35.00 for three divisions.

ALL ENTRY FEES ARE NON-REFUNDABLE. *Cash or check only. Checks payable to TKD.*

I wish to compete in the following divisions: (Please circle.)

HYUNG SPARRING BREAKING*

*Brown and black belts only. Competitors must supply their own breaking material. 1”X12” pine or spruce cut into 10” lengths. All boards must pass inspection.

I do hereby voluntarily submit my application for participation in the 37th Annual Western Washington Invitational Tae Kwon Do Tournament sponsored by Bailey’s Traditional Taekwon Do College. I agree to waive all claims against any persons connected with this tournament for any injuries that I may sustain, and likewise, I assume full responsibility for all my actions in connection with this tournament. I fully understand that any medical treatment given to me will be First Aid Treatment only. I further agree that any pictures taken of or by me in connection with this tournament may be used by the Tournament Director for publicity or promotion without compensation at this time or any other time.

Signature: _____

Parent or guardian signature **required** for competitors under 18 years old.