

2017 Atlantic City Team Karate Championships

APPLICATION

1) Name: _____ Age: _____ Rank: _____

2) Name: _____ Age: _____ Rank: _____

3) Name: _____ Age: _____ Rank: _____

4) Name: _____ Age: _____ Rank: _____

Team Name: _____

Karate School: _____

Location: _____ **City** _____ **St** _____

Instructor name _____

Circle events you are entering

Forms Weapons Breaking Creative Sparring

Purchaser Address: _____ **City** _____ **St** _____ **Zip** _____

Purchaser Sign: _____ **Print:** _____

I swear that I am at least 18 yrs of age and release all liability of any injury incurred from this competition and have read waiver at <http://www.itochampionships.com/waiver.htm>

If competitor is under 18 parent or guardian must sign for them

Team Member Signatures / Guardian Signs for competitors under 18:

1) _____ 2) _____

3) _____ 4) _____

COST: 1 event \$100, 2 Events \$120, 3 Events \$140, 4 Events \$160
Make checks payable to Tang Soo Do, or register online: www.itochampionships.com