

MIDWEST OPEN KARATE CLASSIC

PRE-REGISTRATION FORM

(This form MUST be clearly and completely filled out and submitted before JANUARY 24,2009)

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ STYLE: _____ BELT RANK: _____ DATE OF BIRTH: _____

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSTRUCTOR'S NAME: _____ RANK: _____

I WILL COMPETE IN: _____ KATA _____ WEAPONS
_____ SPARRING _____ MUSICAL KATA

I, the undersigned, voluntarily submit my application to the MIDWEST WINTER OPEN KARATE CLASSIC, and release Gail Noblot, Ray Amanat, St. Ann Community Center and/or any person associated with said event from any liability due to injuries, etc., that I may incur as a result of my attendance or participation. I understand that any medical treatment given to me will be of a first aid treatment type only. I am fully aware of my medical condition and certify that I am fit to compete in said event. I further waive any compensation for any pictures taken of me for promotion, publicity, or television showing.

Competitor's Signature Date: _____

Parent/Guardian if under 18 years of age Date: _____

Entry fees: (1 to 4 events)

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|--|----------|
| Competitor Pre-registration (before January 24, 2009 - \$35.00) | \$ _____ |
| Competitor Registration (on or after January 24, 2009 - \$40.00) | \$ _____ |
| # _____ Spectator(s) Age 7 to adult: \$5.00 | \$ _____ |
| # _____ Spectator(s) (age 6 & under: Free) | \$ _____ |
| TOTAL | \$ _____ |

Mail completed form with check or money order (Made payable to: MW OPEN KARATE CLASSIC, INC.) by January 24, 2009. Mail completed form to: MW OPEN KARATE CLASSIC c/o: Gail Noblot PO BOX 99, Hazelwood, MO 63042-0099