

**28<sup>TH</sup> ANNUAL WESTERN WASHINGTON  
INVITATIONAL TAEKWON DO TOURNAMENT**

Frances Anderson Center Gym      700 Main Street      Edmonds, Washington

**Saturday    November 1, 2008    10:30 a.m.      Warm-ups start at 10:00 a.m.**

**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: 9:30 a.m.**

**ENTRY FEES: \$30.00 for one division; \$35.00 for two divisions; \$40.00 for three divisions.**

**ALL ENTRY FEES ARE NON-REFUNDABLE.**

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

**HYUNG**

**SPARRING**

**BREAKING\***

\*Brown and black belts only. Breaking competitors must supply their own breaking material. 1" x 12" pine or spruce cut into 10" lengths. All boards must pass inspection.

I hereby voluntarily submit my application for participation in the 28th Annual Western Washington Invitational Taekwon Do Tournament sponsored by Bailey's Traditional Taekwon Do College. I agree to waive all claims against any persons connected with this tournament for 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's or guardian's signature required for competitors under 18 years old. Applications without the required signature will not be accepted for entry in the competition.**