

Early Bird registration postmarked and paid on or before November 1st 40.00 unlimited divisions and 35.00 per team for team sparring

Pre-Registration postmarked and paid from Nov 1st to November 7th 45.00 unlimited divisions and 35.00 team spar

Pre-registration and Early bird includes one spectator admission

After November 8th registration 50.00 per competitor unlimited divisions and 40.00 per team sparring team

Spectators: adults 5.00, kids 3.00(extended family 10.00)

100% of fees from team sparring and spectators fee go to provide Martial Arts Scholarships via a Hopeful Tomorrow, a 501c charity helping kids help themselves, through arts and sports scholarships. If you would like the tax deduction from these fees, please make your team sparring and spectator fee checks to A Hopeful Tomorrow. Make all other checks to Coquille Martial Arts, please, and we will gladly send the money to A Hopeful Tomorrow for you.

Starts 8 am. Competitor meeting 9:00 am. Tournament starts 9:30 am

Name_____

Division(check one)

BEG(UNDER 8 MOS) _____

INT(UNDER 2 YEARS)_____ Intermediate and adv(and Jr black belts) will divided by experience when all entries arrive

ADV(2 YRS UP) _____

BLACK_____

FORMS

TRADITIONAL_____

CREATIVE/OPEN/CREATIVE/CONTEMP WEAPONS_____

TRAD WEAPONS_____

SPARRING

FLAG SPARRING(6 & UNDER)_____

POINT SPARRING_____

(SEE WEBSITE FOR AGE/RANK DIVISIONS)

Grand Champion prizes offered for ALL forms and also Black Belt Pt Sparring, Men's and/or Women's if we have enough Black belt entries

In consideration of your acceptance of my entry I do hereby, for myself(or my minor child), my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which may hereafter accrue to me against Coquille Martial Arts(Aka Coquille Karate TKD), City of Coquille and the operators thereof for any and all damages which may be sustained or suffered by me in connection with my association with or entry into this tournament, or in travel to or from and participation in this athletic event I also consent that any pictures furnished by me, or taken in video or other form of me(or my minor child) may be used for publicity, promotion and I waive the right to compensation in regard therein.

Competitor Signature_____Date_____

Legal Guardian Signature if applies_____

NAME _____
AGE _____
BELT RANK _____
Years/months in training _____
Phone _____
Address _____
City _____ St _____ Zip _____
Email: _____
DOB: _____ Age _____
Instructor _____
School _____
School address _____

Team Sparring:

age 7-9 _____ school _____

age 10-12 _____ school _____

age 13-17 _____ school _____

adult _____ school _____

Make checks payable to Coquille Martial Arts
Coquille Martial Arts
PO Box 402
Coquille, OR 97423