



Early Bird registration postmarked and paid on or before November 21st 35.00 unlimited divisions and 35.00 per team for team sparring

Pre-Registration postmarked and paid from Nov 22nd to November 28th 40.00 and 35.00 team spar

At the Door registration 50.00 per competitor 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 and we will gladly send the money to A Hopeful Tomorrow for you. Please make all other entry fees payable to Coquille Martial Arts.

Starts 8 am. Competitor meeting 9:30 am. Tournament starts 10 am. Breaking starts at 9:00am or as soon thereafter as we have three judges available.

Name _____

Division(check one)

BEG(UNDER 8 MOS) _____

INT(UNDER 2 YEARS) _____

ADV(2 YRS UP) _____

BLACK _____

FORMS

TRADITIONAL _____

CREATIVE OPEN _____

TRAD WEAPONS _____

CREATIVE/CONTEMP WEAPONS _____

SPARRING

FLAG SPARRING(5 & UNDER) _____

POINT SPARRING _____

CONTINUOUS 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), Coquille Middle School 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 _____

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

Team Sparring: Checks to be made to Hopeful Tomorrow or Coquille Martial Arts

age 7-9 _____	school _____
age 10-12 _____	school _____
age 13-17 _____	school _____
adult _____	school _____