

**Phoenix Martial Arts Center**

**Tournament**

**Location**

2670 FM 552

Rockwall, Texas 75087

(972) 722-7745

**10:00 AM Saturday August 16, 2014**

 **Events: Sparing: \_\_\_\_\_\_\_**

 **Forms: \_\_\_\_\_\_\_**

**Pre-Registration Fee $35.00 (at the door $45.00)**

**For questions contact Masters Allen Smith or Gary Jones (972-722-7745)**

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Martial Arts Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MO \_\_\_\_\_\_\_\_\_\_\_\_

 Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

I hereby voluntarily submit my application for attendance and participation in said tournament/seminar and hereby assume all responsibilities for any and all damages, injuries, or losses I or my minor child may sustain or incur while attending,

participating, and traveling to and from said tournament. I hereby release and waive all claims against the sponsors,

promoters, organizers, hosts, instructors, associations, school, owners, officers, directors employees, and other

participants connected with said tournament individually or otherwise. I also understand further that I shall strictly

 obey instructors and observe safety rules.

 I understand that registration fees are not refundable.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under 18 yrs. old, parent or guardian)