

# Kim's Academy Friendship Tournament

September 23, 2017

## Registration Form

Competitors Name: \_\_\_\_\_

Branch School: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Rank: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Competition (check all that apply): \_\_\_\_\_ Forms \_\_\_\_\_ Sparring

Paid (\$20/competitor): \_\_\_\_\_ Cash \_\_\_\_\_ Check #

Parent/Guardian Signature: \_\_\_\_\_

Required for all competitors under age of 18

It is important that all information be provided so we can ensure the competitor is grouped appropriately with other competitors.

Cash or Checks only, make checks payable to KABBA

Registrations may be mailed to 1617 S Longfellow St, Wichita, KS 67207 or brought day of