

# Kim's Academy Friendship Tournament

March 10, 2018  
Registration Form

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

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

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

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

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

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

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 to the tournament.

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