

Kim's Academy Friendship Tournament

November 3, 2018 – Downtown YMCA
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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