

# 36th ANNUAL WESTERN WASHINGTON INVITATIONAL TAEKWON DO TOURNAMENT

**MEADOWDALE COMMUNITY CLUBHOUSE**  
**6801 N MEADOWDALE ROAD EDMONDS, WA**

**Saturday      October 22, 2016      Noon**

**IMPORTANT:** Please **complete** the **entire** form and double check to be sure that **all information** is **accurate**. This information is used to **assign** your **position** in competition.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**AGE:** \_\_\_\_ **DATE of BIRTH:** \_\_\_\_\_ **HEIGHT** \_\_\_\_ **WEIGHT** \_\_\_\_ **SEX** \_\_\_\_

**BELT COLOR** \_\_\_\_\_ **KUP or DAN** \_\_\_\_ **INSTRUCTOR:** \_\_\_\_\_

**REGISTRATION FEES:** \$25.00 for one division; \$30.00 for two divisions; \$35.00 for three divisions.

**REGISTRATION:** 10:00 a.m. **WARM-UP:** 11:00 a.m.

**ALL ENTRY FEES ARE NON-REFUNDABLE.**

I wish to compete in the following divisions: (Please circle)

**HYUNG              SPARRING              BREAKING\***

\* Brown and black belts only. Competitors must supply their own breaking material.  
1" x 12" pine or spruce cut into 10" lengths. All boards must pass inspection.

I do hereby voluntarily submit my application for participation in the 36th Annual Western Washington Invitational Taekwon Do Tournament sponsored by Bailey's Traditional Taekwon Do College. I agree to waive all claims against any persons connected with this tournament for any injuries that I may sustain, and likewise, I assume full responsibility for all my actions in connection with this tournament. I fully understand that any medical treatment given to me will be First Aid Treatment only. I further agree that any pictures taken of or by me in connection with this tournament may be used by the Tournament Director for publicity or promotion without compensation at this time or any other time.

Signature: \_\_\_\_\_

Parent or guardian signature **required** for competitors under 18 years old.