COMPETITOR REGISTRATION FORM

38th ANNUAL OKLAHOMA INVITATIONAL TAEKWONDO HANMOOKWAN CUP CHAMPIONSHIP

Saturday, February 25, 2023

Event location: Del City Middle School, 2300 Linda Ln, Del City, OK 73115

Name		A	ge]	DOB		
Email		Wt	(lbs)	Ht	_ Gender: N	M F
Street Address				_Tel ()	
City	S	State	Zip	I	Belt Color	
	SCH	OOL/C	LUB			
Club	Instructor's Name					
Street Address			Tel			
City	St	ate	Zip			
Invitational Championship Association, the Oklahom for any injuries that I may actions during and in conr said Championship can be time.	waive all claims against In Hui of Tournament officials, Grand a State Taekwondo Association sustain during my participation nection with said tournament. I used by the tournament direct	Master W n, and/or t n in the co further ag or for pub	on's Taekwon ne World Taek mpetition. I al ree that any particity or promo-	do, the U.S kwondo Ha so assume ictures take otion witho	. Central Taekwon an Mookwan Fede full responsibility en of or by me in cout compensation a	ndo eration for any of my connection with at this or any of
	ears, Signature of Parent/Guard					
ir compensor is under 10 ye	ours, signature of rurent start					
PLEASE CHECK YO	UR EVENTS:	*	*Event tim	ies may (change by +/-	<u> 1 hour**</u>
Kyorugi (Sparring)	Poomsae (Forms)	(Couple Poon	ısae	Creative	Poomsae
Team Poomsae	Power Breaking	Т	echnical Br	eaking	Weapons	\$
Self Defense	Step Sparring	N	Jusical Poo	msae	Double 1	Roundhouse
PECIAL NEEDS (PARA):	Poomsae (Forms)	Kyul	кра (Breakin	g)	Weapons	
PRE-REGISTRATION & ENTRY FEE Pre-registration received by: February 23, 2023 \$80.00 for any one event \$95.00 for any two events \$25 for each additional event (3+) Late Fee: add \$20.00 at the door			MAKE CHECKS PAYABLE TO: U.S. Central Taekwondo Association email to: gmwons@gmail.com Mail to: 10801 S. Sunnylane Road Oklahoma City, OK 73160 Tel. (405) 793-0752 Fax (405) 794-0768			
REFUND PROCESSIN	G FEE IS \$20 or FULL APPLI	CATION	FEE MAY BE	APPLIED	TO NEXT TOUR	NAMENT
If paying by credit card:	[or pay credit card by phone	by calling	g (405) 793-07	752] ** <i>VI</i> .	SA & MasterCard	l Only
Credit Card #		·	Exp. Da	te	CVV	
Cardholder's Name						
Cardholder's Signature					Phone	
Cardholder's Address						