

WCDMMA Registration - Submission Tournament 10/18/08

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Date of Birth _____ Approximate Weight _____

School's Name _____

Coach/Instructor's Name _____

School Phone Number _____

Styles _____

Any previous injuries: _____ If yes, please explain. _____

Do you have any health problems that could prevent you from participating in this event?
If yes, please explain. _____

Emergency contact name: _____ Phone _____

Classes are by weight and experience level. Please choose the category you would like to compete in:

_____ Novice (under 1 year of experience)

_____ Intermediate (over 1 year but less than 3 years)

_____ Advanced (over 3 years)

Please choose a division.

_____ GI division (\$35 Adult Men; \$25 Adult Women and Youth)

_____ No-GI division (\$35 Adult Men; \$25 Adult Women and Youth)

_____ Both divisions (\$60 Adult Men; \$45 Adult Women and Youth)

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