WONG PEOPLE KUNG FU COMPETITION REGISTRATION FORM

COMPETITOR INFORMATION

Last Name_____ First Name_____ M.I._____
Address_____
City_____ State_____ Zip Code_____ Country_____
Telephone_____
Email_____
Age_____ male_____ or female_____
RANK: beginner____ intermediate____ advanced____

MARTIAL ARTS SCHOOL YOU ARE REPRESENTING

Name of Instructor_____
Name of School_____
Address of School_____
City_____ State_____ Zip Code_____ Country_____
Email of School_____
Phone Number of School_____
Martial Arts Style of School_____

PAYMENT INFORMATION

Competitor Fee (Before or by June 2) .....$60 = _____
(After June 2).....$70 = _____
Spectator Tickets.....$15 x _____ =_____
TOTAL ENCLOSED.....$_____

SEND MONEY ORDER TO: WONG
143 Florida Avenue NW
Washington DC 20001

MASTER CARD/VISA Accepted: Master Card_____ Visa_____
Card Number_____ Expiration Date_____
Name on Card_____
Billing Address of Card_____

I, as the undersigned, hereby waive all claims against any or all persons and groups associated with the Wong Kung Fu Tournament, Wong People Kung Fu Competition, Wong Chinese Boxing association, Raymond Wong, Wong People, Trinity University or anyone connected with any of the aforementioned entities for any injuries, damages or losses sustained by me in connection with any participation in the Wong People Kung Fu competition. I understand that I am participating in an activity which usually involves body contact. I assume full responsibility for all my actions during and connected with the Wong People Kung Fu competition. I also agree that my attendance/performance may be photographed, filmed or taped and used by the Wong People or Raymond Wong and I waive any compensation.

_____ _____ _____ _____
Competitor' s signature if 18years and over Date Parent or Legal guardian if under 18 years of age Date

List the Events you will be competing :