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CHAMPIONSHIP 2017

Sunday, **May 7th**

**South San Francisco
Conference Center**

255 South Airport Blvd., South San Francisco
<http://www.ssfconf.com/maps-directions>

COMPETITOR INFO:

- 8:00am - Competitors Arrive & Check-In
- 9:30am - Competitors called to Prep Area
- 10:00am - Opening Ceremony & Performance
- 10:30am - Forms Competition Begins *
- 11:00am - Sanshou Competition *
- 1:00pm - Sparring Competition Begins *

*Times are approximate.

Forms & Sparring competition begins with Juniors (starting with youngest ages & lower levels). We'll progress through ages & levels as rings become available.

Event will end approximately 4pm.
Plan on spending A FUN & EXCITING DAY!

*** IMPROVE SKILLS & CONFIDENCE * GAIN EXPERIENCE
* HAVE A BLAST!**

HAND & WEAPON FORMS, & SPARRING for all ages & levels.

Plus... 3 - STAR GRAND CHAMPION Divisions

SPECTATORS:

\$10 ADVANCE /\$15 At Door
(Under 5 Years FREE)

Please fill out ALL the information (please print neatly)

Name _____ Location: San Francisco * San Mateo * Other (write in) _____
Last First Middle
 Address _____ City _____ State _____ ZIP _____
 Phone (____) _____ Email _____
VERY IMPORTANT: Belt _____ Age _____ Years Training _____
Check all the divisions you will be competing in. You can always add more later on a separate form:
FORMS: Hand Form ___ Weapon Form ___ 3-Star (hand form, long weapon, short weapon) ___
SPARRING: Team (12 & below) ___ Continuous (13 & Up) ___ San Shou (18 & Up) ___ **NEW THIS YEAR!** Weapon ___
 Creative ___ Group (List Members): _____

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the said Martial Arts Championship and hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I waive all claims against the promoters, or operators, or sponsors of said Martial Arts Championship, individually or otherwise for any claim for injuries that I may sustain. I fully understand that any medical treatment given to me will be of a first aid type only. I consent that any pictures furnished by me or any pictures taken of me in connection with the Championship can be used for publicity, promotion, or television show, and I waive compensation in regards thereto. If under 18, this release and consent waiver is also to be signed by parents or guardian.

Signed(18 & Up) _____ Date _____ Signed (Parent/Guardian) _____

STAFF ONLY:
Division Numbers:

REGISTRATION FEES
 ONE Division.....\$45.00 (AFTER MAY 1st- ADD \$30 FEE FOR LATE REGISTRATION) _____
 Each additional division.....\$30.00 _____
 THREE STAR GRAND CHAMPION.....\$75 _____
 SPECTATOR FEE : \$10 in Advance / \$15 At Door (Under 5 Years FREE) _____
 TOTAL ENCLOSED: _____