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CHAMPIONSHIP

2018



**Sunday,
November 11th**
Alameda High School Gym
2201 Encinal Ave. Alameda

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

Please fill out ALL the information (please print neatly)

SPECTATORS:

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

Name _____ Location: San Francisco * San Mateo * Other _____
Last First Middle

Address _____ City _____ State _____ ZIP _____

Phone (____) _____ Email _____

VERY IMPORTANT: Belt (note if Tiger) _____ 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 _____ Short Weapon Form _____ Long Weapon Form _____
3 STAR CHAMPIONSHIP (hand form, long weapon, short weapon) _____

SPARRING: Team (12 & below) _____ Continuous (13 & Up) _____ San Shou (18 & Up.) _____
Sword Sparring _____ Staff Sparring _____

CREATIVE: 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 NOV. 5TH- ADD \$30 FEE FOR LATE REGISTRATION) _____
Each additional division.....\$20.00 _____
THREE STAR GRAND CHAMPION.....\$75 _____
SPECTATOR FEE : \$10 in Advance / \$15 At Door (Under 5 Years FREE) _____

TOTAL ENCLOSED: _____