

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Age \_\_\_\_\_  
 Gender \_\_\_\_\_ Belt Color \_\_\_\_\_  
 Which studio do you attend \_\_\_\_\_  
 Instructor \_\_\_\_\_

**Please check the events you will be doing.**

Musical Forms	<input type="checkbox"/>
Weapon Forms	<input type="checkbox"/>
Team Forms	<input type="checkbox"/>
Mega Team Forms	<input type="checkbox"/>
Open Forms	<input type="checkbox"/>
Sparring	<input type="checkbox"/>

## **EVENT REGISTRATION**

### **PRE-REGISTERED PRICES**

First Event		\$50	=	\$50
Each Additional Event	_____ X	\$20	=	_____
Number of Spectators	_____ X	\$5	=	_____
Total amount			=	_____

### **DAY OF EVENT PRICES**

First Event		\$60	=	\$60
Each Additional Event	_____ X	\$25	=	_____
Number of Spectators	_____ X	\$7	=	_____
Total amount			=	_____

In order to be considered pre-registered, this form must be received with your payment by **Wednesday, October 23rd, 2024**

**GRAND TOTAL**

**Entry Forms may be mailed to: Elite Karate Studios, 410 Bay Street, Chippewa Falls, WI 54729**

I, the undersigned, do hereby apply for application in the Best of the Best Karate Tournament. I do hereby assume any and all responsibility for any and all losses, damages, and or injuries I may sustain or incur, if any, while attending and participating. I hereby waive any and all claims against Elite Karate Studios, LLC., the school hosting the event, EMT's & paramedics, officials, hosts, promoters, operators, sponsors and fellow participants of this tournament, individually or jointly for any losses, damages or injuries. I also agree that any and all photographs or video taken by the officials of the tournament are the sole property of the tournament officials.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_