

REGISTRATION INFORMATION

BLACKBELT AND UNDERBELT PLAYERS MAY COMPETE IN AS MANY DIVISIONS AS THEY QUALIFY FOR.
PLEASE PRINT LEGIBLY & FILL OUT COMPLETELY

First Name: _____ Last Name: _____ M _____ F _____
 Address: _____ Phone #: _____ - _____ - _____
 City: _____ State: _____ Zip: _____
 Age (as of 1-1-19): _____ Birthdate: _____ / _____ / _____ Email: _____
 Belt Color: _____ Nov: _____ Int: _____ Adv: _____ BB: _____
 School: _____ Instructor: _____

Please List Division #'s For All Divisions In Which You Are Competing:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Competitors are responsible for correctly filling out competitor cards. No refunds for missed divisions due to incorrectly filled out competitor cards.

Come Experience the Excitement of Super Organization at the Carolina Martial Arts Open

1. PLAYER FEES	1 x \$60.00 = \$ _____	
	After Friday - May 10	1 x \$75.00 = \$ _____
Each additional division		x \$15.00 = \$ _____
	After Friday - May 10	1 x \$20.00 = \$ _____
2. NBL TEAM SPARRING (Total fee for team – not individual fees)	1 x \$75.00 = \$ _____	
	After Friday - May 10	1 x \$95.00 = \$ _____
3. LITTLE NINJA FUN DIVISION	1 x \$25.00 = \$ _____	
	After Friday - May 10	1 x \$30.00 = \$ _____
4. SPECTATOR PASSES – SATURDAY		x \$10.00 = \$ _____
5. COACH'S PASSES	x \$25.00 = \$ _____	
* Coach's Pass will allow you to coach your player during Sparring <u>ONLY</u> .	After Friday - May 10	x \$35.00 = \$ _____
* Our <u>main goal</u> is to reduce the congestion on the competition floor.		
6. TOURNAMENT T-SHIRT		x \$20.00 = \$ _____
* Please indicate number of T-shirts:		
Child S: _____ Child M: _____ Child L: _____ Adult S: _____ Adult M: _____ Adult L: _____ Adult XL: _____ Adult XXL: _____		
TOTAL		= \$ _____

PRE-REGISTRATION CREDIT CARD PAYMENT INFORMATION

Name on Card: _____ Card Type: VISA or MasterCard Card #: _____ Exp. Date: _____
 Billing Address: _____ State: _____ Zip: _____ Amount to be Charged: _____
 * Below signed agrees to pay a \$5 service charge for use of Credit Card tournament registration.
 * Below signed agrees to pay above total amount according to card issuer agreement.
 * Credit Card payment will show from "The Karate Dojo" on your bill / statement.
 Signature (as it appears on card) _____

CASH OR CREDIT CARD ONLY AT THE DOOR

I, the undersigned, hereby voluntarily submit my application for attendance and/or participation, in the 2019 **Carolina Martial Arts Open**, and do hereby assume full responsibility for any and all damages, injuries, and losses that I may sustain and/or incur in any way while attending and/or participating in this event. I also hereby waive all claims against Brian Pena, Allison Pena, The Karate Dojo or its employees, South Carolina State Fair, NBL, SKI or anyone directly or indirectly associated with this tournament for any claim or injury that I may sustain. I fully understand that the Sparring aspect of martial arts involves bodily contact and there is always an inherent risk of injury.

Signature of Player, (Guardian if under 18) _____ Date: _____ / _____ / _____

Send Pre-Registration: Carolina Martial Arts Open, 2263 Sunset Boulevard, West Columbia, SC 29169

PRE-REGISTRATION MUST BE POSTMARKED BY MAY 10, 2019. NO EXCEPTIONS.