

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)\$50 = _____
(After June 2).....\$60 = _____
Spectator Tickets.....\$10 x _____ = _____
TOTAL ENCLOSED.....\$ _____

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

MASTER CARD/VISA Accepted: Master Card _____ Or 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