

# 2012 OFFICIAL COMPETITOR REGISTRATION FORM



## AMERICAN OPEN TAE KWON DO CHAMPIONSHIPS™

Online Register:  
www.americantkdopen.com

**MAR 31, 2012**  
California State University  
East Bay  
Main Gym  
25800 Carlos Bee Blvd.  
Hayward, CA 94542

### Registration Checklist

This Form

Signed Liability  
Release Waiver

Payment made out to:  
MASTER JUN YOON or  
SKY MARTIAL ARTS

## 1. Competition Events and Fees

Check the Events you wish to participate in: ***(Box A and B must be checked!)***

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Event \$ 70   | <input type="checkbox"/> KYOROOGI (Sparring)                                   |
| <input type="checkbox"/> 2 Events \$ 85  | <input type="checkbox"/> TRADITIONAL POOMSE (Forms)                            |
| <input type="checkbox"/> 3 Events \$ 95  | <input type="checkbox"/> OPEN POOMSE (Forms)                                   |
| <input type="checkbox"/> 4 Events \$ 105 | <input type="checkbox"/> WEAPON FORM   |
| <input type="checkbox"/> 5 Events \$ 115 | <input type="checkbox"/> SYNCHRONIZED POOMSE (2-6 people)<br>PARTNERS: # _____ |

### NO REFUNDS

Check the Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White/Yellow/Orange			Green/Blue/Purple		Brown/Red	

## 2. Competitor Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Gender: Male Female D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Evening Phone ( ) \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Height \_\_\_\_\_ - \_\_\_\_\_ Weight \_\_\_\_\_ Country (International) \_\_\_\_\_

## 3. If Under 18 years of age

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## 4. Studio/Do Jang Information

Studio/Do Jang \_\_\_\_\_

Master/Instructor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## 5. Further Instructions

- Applications must be received **no later than Mar 26, 2012.**
- Applications received after **Mar 26, will result in a \$20 late fee.**
- Door registration is \$90(First event)
- Attach cashier's check or money order made out to **Master Jun Yoon or Sky Martial Arts** for the total entry fees.
- Send all registration materials to:  
**Sky Martial Arts Academy**  
Attn: American Open TKD Championships™  
7425 Village Parkway  
Dublin, Ca 94568

### For More Information

Phone: (925)556-1759, Fax(925)556-1294  
Email: info@skykicks.com  
Website: www.skymartialarts.com  
www.americantkdopen.com