

# OMAC Inner School Championships Registration Form

(      )  
 Last Name                                      First Name                                      Middle Initial                                      M / F                                      Home Phone

Home Address                                      City                                      State                                      Zip                                      Country

Your E-mail address:                                      Occupation (Parent's if Minor):  
 (      )

Parent/Guardian (if minor) Last Name                                      First Name                                      Relationship                                      Work Phone

Name of School/Club                                      Your primary discipline                                      Head Instructor's Name

School/Club Address                                      City                                      State      Zip/Country                                      School Phone

**We are competing in:** Synch. Form      (Write Team Name & list all competitors)

**Team Demo**      ( Write Team Name & list all competitors)

**DIVISION(S) DETERMINED BY AGE, GENDER, WEIGHT, HEIGHT, RANK** : D.O.B. \_\_\_\_\_, Age \_\_\_\_\_ As of 11/17/03  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Lbs., Rank (Belt/Gup/Kyu,Dan) \_\_\_\_\_ Training Experience \_\_\_\_\_ yrs. \_\_\_\_\_ months  
 Div. No.                      Div. No.                      Div. No.                      Div. No.                      Div. No.                      Div. No.                      Div. No.

**Note: 1 Free Video Tape: Any Competitors Registered by 11/10/03 will receive a Battle Of Columbus Video Tape \$10.00 gift certificate: Any students who bring friends will receive upon enrollment of any OMAC program. Bruce Lee Collections Silent Auction (Fund Raiser for Martial Arts Hall of Fame Museum) 20% discount: Arnold Battle of Columbus tapes on sale 20% discount All Martial Arts Equipment on sale**

**COMPETITION SCHEDULE:** Sunday, 11/16/03 (9am-4pm): All competitions at at 1349 Brice Rd. Reynoldsburg, Ohio 43068  
 \* 9-10am: Check-in & On site registration for CHILDREN age 12 & under                      \* 10-10:30: Referee/Coach Orientation (All parents)  
 10:30-1:30pm: All competitions (age 12 & under)                      \* 1:30-4pm: All competitions (age 13 & older)

APPLICATION FEE	Register by 11/10/03	After 11/10 or ONSITE	TOTAL AMOUNT
<b>Any one Competitions</b>	<b>\$30.00</b>	<b>\$35.00</b>	<b>\$</b>
<b>Any Extra Competition add extra fee per competition</b>	<b>\$5.00</b>	<b>\$10.00</b>	<b>\$</b>
<b>Synchronized Form -----\$10.00 Per Person</b>	<b>\$10.00</b>	<b>\$15.00</b>	<b>\$</b>
<b>Team Demo -----\$10.00 Per Person</b>	<b>\$10.00</b>	<b>\$15.00</b>	<b>\$</b>
<b>Promotion Test Fee (Write in your rank test fee)</b>	<b>\$</b>	<b>Add 5.00</b>	<b>\$</b>
<b>BOC Video Tapes:</b> Choose Any 3 - Masters Demo, Weapon, Sparring, Seminars, Breaking, Etc... - 1 Tape \$29.00, 3 Tapes \$49.00 ---	<b>\$</b>		<b>\$</b>
<b>Any Supplies w/ 20% Discount:</b> _____	<b>\$</b>		<b>\$</b>

**PAYMENT:** CK  MC  VS  Amex  Others:                                      **Grand Total (No Refunds) \$**

Acct. No.                                      Exp. Date \_\_\_\_\_ / \_\_\_\_\_

### LIABILITY WAIVER

*I hereby submit my form to The Annual Moogong Cup Inner School Championships ("Event"). I agree to waive all claims against any person connected with this event for injuries I may sustain and assume full responsibility for all my actions in connection with said event. I understand there are rules & regulations associated with this event and I will abide by said rules and regulations. I also understand that any pictures and videotape of me participating in said event may be used for publicity without compensation.*

Competitor's Signature                                      Date                                      Parent/Guardian's (if minor) Signature                                      Date