



BAILEY'S TRADITIONAL TAEKWON DO COLLEGE  
**PASAYTEN INVITATIONAL  
TAEKWON DO TOURNAMENT**

Saturday June 2, 2018

Warm-ups begin at 11:00 AM

Methow Valley Community Center  
204 Hwy 20 Twisp, Washington

**IMPORTANT:** Please complete the entire form and double check to be sure that all information is accurate. This form is used to assign your position in competition.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_ DATE of BIRTH: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_

BELT COLOR \_\_\_\_\_ KUP or DAN \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

**REGISTRATION FEES:** \$20.00 for one division; \$25.00 for two divisions; \$30.00 for three divisions.

**REGISTRATION:** 10:00 a.m. Community Center Gym. **WARM-UP:** 11:00 a.m.

**ENTRY FEES ARE NON-REFUNDABLE.**

I wish to compete in the following divisions: (please circle)

**Hyungs                      Sparring                      Breaking\***

\* Brown and black belts only. Competitors must supply their own breaking material.  
1×12" pine or spruce cut into 10" lengths. All boards must pass inspection.

I do hereby voluntarily submit my application for participation in the 2018 Pasayten Taekwon Do Invitational Tournament sponsored by the MV Community Center and Bailey's Traditional Taekwon Do College. I agree to waive all claims against any persons connected with this tournament for any injuries that I may sustain, and likewise, I assume full responsibility for all my actions in connection with this tournament. I fully understand that any medical treatment given to me will be First Aid Treatment only. I further agree that any pictures taken of or by me in connection with this tournament may be used by the Tournament Director for publicity or promotion without compensation at this time or any other time.

Signature: \_\_\_\_\_

Parent or guardian signature **required** for competitors under 18 years old.