

2017 STFI SASKCUP TAEKWON-DO CHAMPIONSHIPS

Saturday October 28th, 2017 @ 9:00 am – 3:00 pm
Legends Centre - 701 Centennial Blvd., Warman, SK., S0K 0A1

**** (Detach and Keep Top Portion for Tournament Information Reminders) ****

Submit Forms By:

Mail: 1201-B Lorne St. Regina, SK. S4R 2J9 **Fax:** (306)525-0050 **Email:** sasktkd@gmail.com

Due Date: Friday, October 13th, 2017

Cost: \$40.00 (Non-Refundable) *Any registration forms which have not been submitted to the STFI office by the due date will be subject to a \$10 late fee*

All information must be filled in to be accepted:

NAME: _____ **BIRTHDATE:** ____/____/____
MM DD YYYY

SEX: F / M **RANK:** _____ **WEIGHT:** _____ lbs. **HEIGHT:** _____ ft. _____ in.

DOJANG: _____ **CITY:** _____ **PROV:** _____

I hereby submit my application to compete in the 2017 STFI SaskCup Taekwon-Do Championships. I agree to waive all claims against any persons connected with this Championship for injuries I may sustain, and likewise assume full responsibility for my actions in connection with the said Championship. I understand that any pictures of me participating in the said Championship may be used for publicity without compensation.

SIGNATURE OF APPLICANT: _____

(Parent's or guardian's signature if applicant is under 18)

BELT RANK:		EVENTS:
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE W/YELLOW STRIPE	Please select the events you wish to compete in: *White belts may compete in patterns only*
<input type="checkbox"/> YELLOW	<input type="checkbox"/> YELLOW W/GREEN STRIPE	
<input type="checkbox"/> GREEN	<input type="checkbox"/> GREEN W/ BLUE STRIPE	
<input type="checkbox"/> BLUE	<input type="checkbox"/> BLUE W/ RED STRIPE	<input type="checkbox"/> PATTERNS
<input type="checkbox"/> RED	<input type="checkbox"/> RED W/ BLACK STRIPE	<input type="checkbox"/> SPARRING
<input type="checkbox"/> BLACK: DEGREE 1 st 2 nd 3 rd 4 th 5 th 6 th	<input type="checkbox"/> BLACK: WEIGHT _____ Kg. or _____ lbs.	<input type="checkbox"/> I understand that helmets, mouthguards & groin cups (males) are mandatory for all sparring divisions.
OFFICE USE ONLY: Paid by <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE# _____ <input type="checkbox"/> OWING AUTH. BY: _____		

MAKE CHEQUES PAYABLE TO: **Saskatchewan Taekwon-Do Federation International**

**** FILL IN ALL OF THE INFORMATION FOR THE EVENTS YOU WISH TO COMPETE IN ****

<input type="checkbox"/> Yes, I will compete in:	PATTERNS	<input type="checkbox"/> Yes, I will compete in:	SPARRING
NAME: _____		NAME: _____	
AGE: _____ SEX: M / F WEIGHT: _____		AGE: _____ SEX: M / F WEIGHT: _____	
DOJANG: _____ CITY: _____		DOJANG: _____ CITY: _____	
BELT COLOUR/RANK: _____		BELT COLOUR/RANK: _____	
STFI TO ASSIGN:	DIVISION #:	STFI TO ASSIGN:	DIVISION #: