

2017 STFI PROVINCIAL TAEKWON-DO CHAMPIONSHIPS

Saturday March 11th, 2017 @ 9:00 am – 4:00 pm
Regina Fieldhouse Sportplex - 1717 Elphinstone St., Regina, SK

** (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: Wednesday, March 1st, 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

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

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

I hereby submit my application to compete in the 2017 Provincial 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	Please select the events you wish to compete in: *White belts may compete in patterns only* <input type="checkbox"/> PATTERNS <input type="checkbox"/> SPARRING <input type="checkbox"/> I understand that helmets, mouthguards & groin cups (males) are mandatory for all sparring divisions.
<input type="checkbox"/> WHITE W/YELLOW STRIPE	
<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"/> RED	
<input type="checkbox"/> RED W/ BLACK STRIPE	
<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.	
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: _____ AGE: ____ SEX: M / F WEIGHT: ____ DOJANG: ____ CITY: ____ BELT COLOUR/RANK: _____		NAME: _____ AGE: ____ SEX: M / F WEIGHT: ____ DOJANG: ____ CITY: ____ BELT COLOUR/RANK: _____	
STFI TO ASSIGN:	DIVISION #:	STFI TO ASSIGN:	DIVISION #: