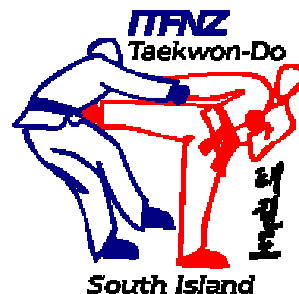




South Island Regionals

April 24th & 25th 2004,
Villa Maria College
Christchurch



Individual Competitor Entry Form

Name: _____

Address: _____

Club: _____ Gender: Male / Female

Phone: (hm) _____ (wk) _____ (mobile) _____

Email: _____

Age: _____ DOB: _____ Rank: _____ (Gup / Dan)

Weight (kg): _____ Height (cm): _____

Events Entered

Patterns Sparring Special Technique Power Test*

* Power Test is restricted to persons of 18+, exemptions at the discretion of the tournament arbiter

Cost: 1 event = \$35, 2 events = \$40, 3 events = \$45, 4 events = \$50

There is a \$10 discount if forms and money are returned to the organiser by 1st April

T-Shirt (Please circle applicable size)

\$25.00ea

Mens XS S M L XL XXL No: _____

Womans 8 10 12 14 16 18 Total \$ _____

Disclaimer

1. I will not hold ITFZN, the tournament organisers or tournament officials for any loss of personal property or injury sustained during the course of the tournament.
2. I agree to abide by the ITFZN Tournament Rules as approved by ITFZN.
3. I acknowledge that if I am not a Registered member of ITFZN I may not be allowed to compete.
4. I attest that all the above information is true and correct. I understand that spot checks can be carried out and that inconsistencies could cause my removal from competition.

Signed:

Instructor: _____ Date: _____

Form must be correct before signing

Competitor/Guardian: _____ Date: _____

If competitor under 18 this form must be signed by a parent or guardian.

Entry Forms are to be returned to YOUR INSTRUCTOR to be sent to Angela Barltrop, by the 1st of April 2004; the correct fee MUST accompany all entries.