

Orange City Int'l Championships Entry Application Form

Name:	Surname:	
Weight:	Height:	Date of Birth
Style:		Belt color:
School Name:		
School Address:		
Name of Instructor:		

In consideration of my being accepted as a contestant, I do hereby release any person or persons connected with the Shaolin Kung-Fu Association of Greece or Ref's & Judges for any damages or injuries I might sustain while taking part in competition.

Put your category number in the boxes below						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of parent or guardian
If contestant is under 18 yrs old

Signature of contestant
If over 18 yrs old

Date / /