



# ICTF Canadian Dream Taekwon-Do Championship 2015



## INDIVIDUAL REGISTRATION FORM

FIRST NAME		LAST NAME	
SEX	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	BELT
ADDRESS		CITY, PROVINCE	POSTAL CODE
COUNTRY		TELEPHONE NUMBER	
INSTRUCTOR NAME		DOJANG	
<p>I, _____ hereby submit my application for registration in this tournament event. I agree to waive all claims against any person (s) connected with the tournament, for any injury I may sustain during the tournament. I hold myself responsible for my own actions and promise to act according to the rules and regulations of the tournament. I further agree that any pictures taken of me or by me in connection with the tournament may be used by Tournament Director for promotion without compensation at this or any future time.</p>			
APPLICANT'S SIGNATURE		PARENT'S SIGNATURE IF UNDER 18 YEARS OLD	

**WOODBIDGE TAEKWON-DO: 5732 Highway 7 - Unit 1 • Woodbridge, Ontario • L4L 3A2 • (905) 851-1797**

**Fee:** \$60 CDN per competitor for one or two events. (cheques are to be made payable to Woodbridge Taekwon-Do Inc.). Free entrance for spectators.

**Registration:** Registrations due May 31st, 2015 . There will be no registration the day of the event.

**Tournament Venue:** Maple Community Centre Arena - 10190 Keele Street. Maple, Ontario L6A 1R2

### PATTERNS COMPETITION (TUL)

NAME	BELT
AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
DOJANG	INSTRUCTOR

### SPARRING COMPETITION (MATSOGI)

NAME	BELT
AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
DOJANG	INSTRUCTOR