



2002 ITFNZ Epson Open Taekwon-Do Tournament

(15 years of age and over)

Open to All Taekwon-Do Styles



Sunday 27th October - Labour Weekend

8:30am Registration Check and Warm up 9:00am Form up

Venue: ASB STADIUM - Cnr Kapa & Kohimarama Rds, Kohimarama

Competitor Entry Form

Last Name: _____ Preferred First Name: _____

Age: ____ on 27/10/02 Date of Birth: __/__/__ Phone number: _____ email: _____

Weight: _____ kg Height: _____ cm Rank: _____ M/F: _____
(don't guess, please weigh yourself) (don't guess, please measure yourself)

Organisation: _____ Club: _____ Instructor Phone: _____

Event 1 - Patterns

Event 2 - Sparring

At sparring are you?: Beginner Average Experienced

Event 3 - Special Techniques

Event 4 - Power

Single event = \$20, two events = \$30, three events = \$35, 4 events = \$40

Spectators Entry fee - \$5 Individual, \$10 Family

____ events

Cheque Total: \$_____ enclosed

Date: __/__/2001

Disclaimer

(Note: This will be required for any participation)

I will not hold the ITFNZ or the organisers responsible for any injury sustained during the course of the tournament.

[Please be aware that mouth guards and groin guards (males) are compulsory.

Signature: _____ (Parental signature if under 18 years) Date: _____

All of the above information is accurate and the form is fully filled in. Instructor Signature: _____

Instructor Name: _____

NOTE: Instructors must not sign the form unless all details have been checked. (Please print legibly)

Understating height or weight will be grounds for disqualification from sparring.

Send completed forms to: (Entry is not valid unless entry fee is enclosed.)

Sue Breen, 26 Merton Road, St Johns, Auckland.

For queries please

phone Sue on 521-3244

or 025-277-9210

email: suebreen@monstar.co.nz

fax (09) 528-4149

Make cheques out to "ITFNZ Auckland Region Tournaments"

Closing Date, Sunday 20th October

Late entries may be accepted ONLY if divisions permit and **MUST** be accompanied by a \$20 late fee.