



**2007 1st Annual
PointMaster
Sparring Grand Championship**



When: Saturday, May 19, 2007

**Where: Middleburg Heights
Community Center**

Time: 3:00 PM Registration

Registration: ... \$45.00 Per Competitor

Please Print:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Rank:** _____

Age: _____ **Wt:** _____ **Ht:** _____ **Sex:** _____

Instructors Name: _____

School: _____ **School Phone:** _____

Please read the following, sign, and date. Thank you!

I, the undersigned, do hereby waive all claims against T&T Martial Arts, Ltd., and any and all persons affiliated with T&T Martial Arts, Ltd. and the "1st Annual PointMaster Sparring Grand Championship", for any injuries that I may sustain during my participation in said championship. I also assume full responsibility for any of my actions during, and in connection with, said championship.

Date: _____ **Signature:** _____

Parent / Guardian Consent: _____

(Participants under 18 years of age.)



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