



3rd Annual  
Fall  
**Formtoberfest**  
2008



When: ..... Saturday, October 25, 2008

Where: ..... Lyndhurst Location

5420 Mayfield Road  
Lyndhurst, Ohio 44124

Time: ..... 12:30 PM Registration

Registration: ... \$30.00 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 3rd Annual Fall Formtoberfest Forms 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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