



4th Annual
Fall
Formtoberfest
2009



When: Saturday, October 24, 2009

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 4th 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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