



6th Annual  
Fall  
**Formtoberfest**  
2011



When: ..... Monday: October 24, 2011  
 Friday: October 28, 2011  
 Where: ..... Lyndhurst  
 5420 Mayfield Road  
 Lyndhurst, Ohio 44124  
 Time: ..... 6:00 - 7:30 PM

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 6th 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.)



6th Annual  
Fall  
**Formtoberfest**  
2011



When: ..... Monday: October 24, 2011  
 Friday: October 28, 2011  
 Where: ..... Lyndhurst  
 5420 Mayfield Road  
 Lyndhurst, Ohio 44124  
 Time: ..... 6:00 - 7:30 PM

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 6th 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.)