



15th International Tang Soo Do Federation World Championship

OFFICIAL ENTRY FORM

Name _____ Age _____ Sex M ☐ F ☐

Address _____ City _____ State _____ Zip _____

Your Rank _____ Phone () _____

School Name _____ Phone () _____

School Address _____ City _____ State _____ Zip _____

Instructors Name _____ Rank _____

Liability Waiver

I hereby submit my application for registration in the 15th International Tang Soo Do World Championship. I agree to waive Claims against any persons connected with this Championship for injuries I may sustain and likewise assume full responsibility for all of my actions in connection with said Championship. I understand that any pictures of my participation in the said Championship may be used for publicity without notice or compensation.

Signature _____ Date _____

Signature _____ Date _____

If under 18 Years of age, Guardians Signature required

Events: Forms ☐ Sparring ☐ Weapons ☐ Breaking ☐

Advanced Tickets: Children _____ Adult _____

Method of Payment: Cash ☐ Check ☐ # _____

Credit Card Payment: MC ☐ Visa ☐ Accepted Only!

CC# _____ EXP _____

TOTAL AMMOUNT ENCLOSED: _____



15th International Tang Soo Do TM Federation World Championship

Official Registration Form

NAME: _____

ADDRESS: _____

CITY: _____

ST: _____

ZIP: _____

SCHOOL: _____

PH#: _____

INSTRUCTOR: _____

AGE: _____

DIVISION: _____

RANK: _____

Approved By:
Master Chun Sik Kim

FORMS

SPARRING

WEAPONS

BREAKING