



SPIRIT OF THE ARTS Tournament 2012 Registration Form Sunday, February 26th

Please print Clearly

Name _____

D.O.B. Month _____ Day _____ Year _____ Age _____

M/F _____ Belt _____ Club Name _____ Instructor _____

Address _____ City _____ Zip Code _____

Preregistered for first event \$35 (\$45 at the door)
each additional event is \$7.50
Registrations must be mailed by February 18

Please make checks payable to MMAA

Mail to:
Mattevi Martial Arts Academy
102 Belknap St
Superior, WI 54880
Ph# 715-394-5425 or email info@gmmaa.com

Forms	
Team Forms	
Weapon Forms	
Musical Forms	
Sparring	
Team Sparring	
Total Paid	\$

WAIVER

LIABILITY RELEASE. . . In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators waiver, release, and forever discharge any rights and claims for damage which I have or which may occur to me against the tournament directors, the facility used, Mattevi Martial Arts Academy, Stein & Stein, Inc., Stefan and/or Stephanie Stein or their representatives, for any and all damages which may occur out of traveling to returning from or participating in such an athletic event.

Date _____

Signature of Entrant _____

Date _____

Signature of Parent/Guardian (if entrant is under 18) _____