IMAC Winter Nationals

FIRST NAME:		LAST NAME:		
STREET ADDRESS:		CITY:	STATE:	ZIP:
DAY PHONE:	AGE:	WEIGHT:	GENDER:	
E-MAIL:		BELT COLOR:	YRS TRAINED:	
MARTIAL ARTS SCHOOL:		SCHOOL PHONE:		
STREET ADDRESS:		CITY:	STATE:ZII	o:
INSTRUCTOR'S FIRST NAME:	INSTRUCTOR'S LAST NAME:			
PLEASE CHECK ☑ YOUR DIVISIONS Divisions may be combined or split as needed				

Specialty Divisions □Demo Teams □Handi-capable Weapons □Handi-capable Forms ☐ Handi-capable Self-Defense □Self-Defense **□Synchronized Forms** □Breaking □3-man Team Sparring

Weapons Divisions □Extreme Weapons □Musical Weapons □Creative Weapons □Traditional Weapons

Forms Divisions □Extreme Forms □Musical Forms □Creative □Forms Jap/Ok □Forms Chinese □Forms Krn/TKD □Forms Kenpo

Sparring Divisions □Point sparring **□West Coast Sparring** □Continuous sparring □Tkd Sparring

Specialty Sparring □Grappling - Gi ☐Grappling -No Gi □Controlled Sport IMMA □IMAC Kicksparring □Professional Point Sparring

1ST IMAC AWARD Additional IMAC awards

USE SPARRING DIVISION Before Dec. 29, 2024 After Dec. 28, **QTY** Jan. 26, **AS FIRST DIVISION** Jan. 25, 2025 2024 2025 \$60.00 **Sparring or 1st Division** 1 \$55.00 \$70.00 Each Add. Sparring Division \$60.00 \$70.00 \$55.00 Each Add. Forms Division \$20.00 \$30.00 \$35.00 Professional BB Sparring \$70.00 \$80.00 \$90.00 \$60.00 \$70.00 Grappling \$55.00 **IMMA** \$55.00 \$60.00 \$70.00 **IMAC Kicksparring** \$55.00 \$60.00 \$70.00 **Demo Team** \$30.00 \$35.00 \$40.00 Sync. Team \$30.00 \$35.00 \$40.00 3-Man Team \$30.00 \$35.00 \$40.00 \$20.00 \$25.00 Saturday \$20.00 Video Pass **FREE** FREE **FREE** \$55.00 \$65.00 **Coach Pass (with Admission)** \$55.00 \$15.00 **IMAC Patch** \$15.00 \$15.00 **IMAC Membership FREE** FREE FREE **FREE FREE FREE** \$25.00 \$35.00 \$45.00 Sub Total Credit card COACH'S PASS INCLUDES fee \$5.00 ADMISSION TO THE EVENT **TOTAL DUE**

> Please make money orders/cashier check out to IMAC Karate Inc. No personal checks No refunds

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CREDIT CARD INFORMATION				
VISA MASTER CARD AMERICAN EXPRESS DISCOVER				
Name on card:				
Billing address:				
1	State: Zip:			
Billing Phone:				
Card Number:				
Exp Date:	Security code:			
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I certify that I am an authorized signer on the card written above. I certify that I am authorizing the charge in the amount listed on this form. I agree not to charge back or attempt to cancel this transaction. I Understand there are no refunds.

I would like to RSVP П for the 2024 **IMAC Award Ceremony**