IM	AC (	PEI	N PreR	egis	stration I	Form	
FIRST NAME:				LAST NAN	ЛЕ:		
STREET ADDRESS:		•				Apt:	
CITY:			<del></del>		STATE:	ZIP:	
EMAIL:			<del></del>		DAY PHONE:		
AGE:DOB:		_ WEIGHT	: GEN	DER:	BELT COLOR:_		
MARTIAL ARTS SCHOOL: _		<del></del>					
INSTRUCTOR'S NAME:		<del>,</del>					
STREET ADDRESS:		<del></del>		CITY:		STATE:ZIP:	
☐ Traditional Weap ☐ Weapons  BEGINNERS - WHITE INTERMEDIATE - PU ADVANCE - RED, BR AGE GE  5 & UNDER 6 TO 7	18 - 29 11 30 & Over			or comb	catch weig within 10 lbs  SCORING FO	Grappling Controlled Sport The sport of the everyone Grappling Controlled Sport Controlled	
After 10/6/24 add \$5 fo	or oach D	ivision <sup>9</sup>	Spectator		Kids rounds	s 2 minutes no	
1st Division  Each additional div.	\$50.00 \$15.00	#	Total: \$ 50.00		Adults 5 mi	only position inutes rounds on accepted	
Spectators	\$10.00	X		Γ	SPORT I	MMA RULES	7
		Total	1	I D	iviciona will be divided	d in the ring based on age	.

Divisions will be divided in the ring based on age, height, and weight. ACCIDENTAL KNOCKOUT WILL BE AUTOMATIC DISQUALIFICATION. Headgear MUST be worn at all times. Any deliberate attempt to slip out of head gear to force a re-start will result in disqualification. Any action deemed unsafe by officials or medical staff will result in disqualification.

NO STRIKES TO THE FACE OR FACE SHIELD, NO ELBOW STRIKES, HEEL HOOKS, BITING, GOUGING, HAIR PULLING, OR SMALL JOINT LOCKS.

	Total
	CARD INFORMATION  AMERICAN EXPRESS DISCOVER
Card Number:	
Exp Date:	Security code:
Name on card:	
Billing address:	
Zip:	Billing Phone:
l .	

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.

Signature: