23rd Annual IMA Unity Tournament

Saturday, December 10, 2016

Make your payment payable to IMA and mail it with your registration form to: 1340 Main St., Louisville, CO, 80027 (or hand it to your instructor)

Registration deadline is December 5, 2016 (Add a \$20 late fee if submitting after the deadline)

No refunds or credits will be given

Individual Registration Form

_____1 Event \$40.00

Div. # _____ Kata (Ind.)

Div. #	Kumite (Ind.)	2 Ever	nts \$45.00
<u>DO</u>	NOT USE THIS FORM	1 FOR TEAM REGIST	RATION
First Name:	L	.ast Name:	
Age: Sex: I	M F Karate Rank:	Years of training:	Dojo:
Address: City:			
Zip Code:	Telephone #:	E-mail:	
relieves, releases firm, corporation	for participation, training and and discharges the Internation or association from all liabilition with the said participation,	nal Martialarts Association (I. ty or claims of whatever natur	M.A.) and any person,
Signature of (Competitor (If under	18) Signature of Parent/Guardian	 Date

Please fill out a separate form for team kata/kumite