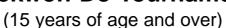


2002 ITFNZ Epson Open Taekwon-Do Tournament





Open to All Taekwon-Do Styles

Sunday 27th October - Labour Weekend

8:30am Registration Check and Warm up 9:00am Form up

Venue: ASB STADIUM - Cnr Kepa & Kohimarama Rds, Kohimarama

Competitor Entry Form

ast Name: Preferred First Name:							
Age: on 27/10/02 Date	of Birth://	Phone r	number:	eı	mail:		
	Height:(don't guess,please measure		Rank: _		M	I/F:	
Organisation:	Club:	Club: Instruc			ctor Phone:		
☐☐ Event 1 - Patterns	Δt er	arring ar	е vou2. Г	Reginner F	¬ _{Average} Γ¬ _{Ev}	vnerienced	
		At sparring are you?: []Beginner []Average[]Experienced					
Event 3 - Special Tec	hniques	☐ ☐ Event 4 - Power					
Single event = \$20, two exemples Spectators Entry fee - \$5 events	•	mily		·	Date:/_	_/ 2001	
/	<u>D</u>	 isclaim					
(Note: This will be required for any participation) I will not hold the ITFNZ or the organisers responsible for any injury sustained during the course of the tournament.							
Please be aware that mouth	guards and groin gua	rds (male	s) are comp	ulsory.			
Signature:	(Pare	ental sign	ature if unde	er 18 years)	Date:	 	
All of the above information is ac	ocurate and the form is fu	ully filled in	. Instructor	Signature:		<u> </u>	
Instructor Name:							
NOTE: Instructors must not sign	gn the form unless all details	s have beer	n checked.	(Please print le	gibly)] 	
Understating height or weight will be grounds for disqualification from sparring.							

Send completed forms to:

(Entry is not valid unless entry fee is enclosed.)

Sue Breen, 26 Merton Road, St Johns, Auckland.

For queries please phone Sue on 521-3244

or 025-277-9210

email: suebreen@monstar.co.nz

fax (09) 528-4149

Make cheques out to "ITFNZ Auckland Region Tournaments"
Closing Date, Sunday 20th October