

TEAM CHAMPIONS REGISTRATION

ENTER TEAM NAME BELOW

TEAM ROSTER
(COMPLETE ALL 5 MEMBERS)

1st Team Member Name:				Age:	M/F	School Name:	
Competition Level (Select Box at Left)				Events Entered (Select all that apply)			
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Kata	<input type="checkbox"/>	Weapons
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Black Belt	<input type="checkbox"/>	Breaking	<input type="checkbox"/>	Sparring
2nd Team Member Name:				Age:	M/F	School Name:	
Competition Level (Select Box at Left)				Events Entered (Select all that apply)			
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Kata	<input type="checkbox"/>	Weapons
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Black Belt	<input type="checkbox"/>	Breaking	<input type="checkbox"/>	Sparring
3rd Team Member Name:				Age:	M/F	School Name:	
Competition Level (Select Box at Left)				Events Entered (Select all that apply)			
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Kata	<input type="checkbox"/>	Weapons
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Black Belt	<input type="checkbox"/>	Breaking	<input type="checkbox"/>	Sparring
4th Team Member Name:				Age:	M/F	School Name:	
Competition Level (Select Box at Left)				Events Entered (Select all that apply)			
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Kata	<input type="checkbox"/>	Weapons
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Black Belt	<input type="checkbox"/>	Breaking	<input type="checkbox"/>	Sparring
5th Team Member Name:				Age:	M/F	School Name:	
Competition Level (Select Box at Left)				Events Entered (Select all that apply)			
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Kata	<input type="checkbox"/>	Weapons
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Black Belt	<input type="checkbox"/>	Breaking	<input type="checkbox"/>	Sparring

For each team member, indicate competition level (1) and each event entered. Please complete the form in an accurate manner to ensure correct points are credited

A \$25 team fee must accompany this registration.

It is the responsibility of each team member to report points to the Team Champions table