

**TROPICANA CASINO 2831 Boardwalk, Atlantic City, NJ 08401**

**REGISTRATION FORM: Please Print**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Belt Color: \_\_\_\_\_ Rank: \_\_\_\_\_ Male / Female: \_\_\_\_  
 Your Email Address: \_\_\_\_\_  
 Martial Arts School: \_\_\_\_\_ Instructor: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School Email: \_\_\_\_\_

Circle Events: WEAPONS    OPEN FORMS    POINT SPARRING    DEMO TEAM

Certified Check or Money Order Only- No personal checks will be accepted. Cash Only for at the door registration.	Pre-Registration Post Marked By December 1	Registration Post Marked By January 1	After January 1 CASH ONLY	How Many Divisions	Total Amount
Entry Fee – One Division	\$70.00	\$ 80.00	\$ 90.00		
Additional Divisions – Per Division	\$ 10.00	\$ 15.00	\$ 20.00		
Spectator Fee ( Ages 5 & Up)	\$ 25.00	\$ 35.00	\$ 45.00		
Coaching Pass (must have or disqualify to competitor)	\$ 15.00	\$ 25.00	\$42.00		
Please Note: All packages must be post – marked. CASH ONLY FOR AT THE DOOR REGISTRATION! \$2.00 Credit Card Convenience Fee For At the Door Registration			Total Due:		

I (Print Name) \_\_\_\_\_ the undersigned do hereby release Champion Training LLC, Master Jose Torres, NAFMA, Alan Goldberg, Action Martial Arts Magazine and any other person associated with this event in any capacity from any liability due to injuries, etc., that may occur because of my attendance/participation at this event. Furthermore, I hereby waive any compensation what so ever for the use of pictures, movies, media coverage, etc. utilized by those associated with this event, which may be used for profit making purposes. I clearly understand the fighting aspect of this sport and competition involves body contact. I have read, understand, and agree to abide by the rules associated with this event and assume full responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at this NAFMA competition and understand that a valid birth certificate should be presented at the tournament.

PAYMENT METHODS CHECKS MADE PAYABLE TO: Master Jose Torres P.O. Box 349 BEVERLY NJ 08010

CREDIT CARD # \_\_\_\_\_ EXP DATE: \_\_\_\_\_ 3 DIGIT CODE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CARD TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_