



**2018 Pro Martial Arts Best of the Best Challenge**

**COLOUR BELT REGISTRATION FORM (White Belt to Black Stripe)**

**SATURDAY MARCH 24, 2018 – 10:00 AM START TIME**  
Tournament Location: University of Toronto at Mississauga – 3359 Mississauga Rd. N., Mississauga, ON  
Physical Education, Athletics and Recreation Building

**REGISTRATION \$65 FOR 1 OR 2 EVENTS – SPECTATORS \$5 (6+)**

**ALL APPLICATIONS AND FEES MUST BE SUBMITTED BEFORE MARCH 16, 2018  
NO REGISTRATION AT THE DOOR ON THE DAY OF THE COMPETITION**

**NAME:** \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

**SCHOOL NAME/DOJANG:** \_\_\_\_\_ **INSTRUCTOR:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **MALE**  **FEMALE**

**Please Circle One:**

<b>BELT:</b>	<b>WHITE</b>	<b>YELLOW STRIPE</b>	<b>YELLOW</b>	<b>GREEN STRIPE</b>	<b>GREEN</b>
	<b>BLUE STRIPE</b>	<b>BLUE</b>	<b>RED STRIPE</b>	<b>RED</b>	<b>BLACK STRIPE</b>

**REGISTERING FOR THE FOLLOWING:** **PATTERN**  **SPARRING**

I, \_\_\_\_\_ hereby submit my application for registration at the 2018 Pro Martial Arts Best of the Best Challenge. I agree to waive all claims against any person(s) connected with this tournament, for any injury I may sustain during the tournament, and likewise assume full responsibility for my actions in connection with said competition. I further understand and agree that any pictures or videos taken of me in connection with the said competition may be used by the tournament directors for publicity or promotion without compensation at this time or any future date. There will be no refunds for registration cancellation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(If applicant is under 18 years old)

\_\_\_\_\_  
Date

**PLEASE MAKE CHEQUE PAYABLE TO:  
MAIL APPLICATION AND PAYMENT TO**

**PRO MARTIAL ARTS & FITNESS CENTRE INC.  
3663 MAVIS RD., UNIT 15, MISSISSAUGA, ON, L5C 2Z2**

**PLEASE NOTE: ALL CHEQUES MUST BE DATED PRIOR TO COMPETITION DATE**