

PLEASE COMPLETE THIS FORM IN **CAPITAL LETTERS** AND HAND IN TO YOUR MASTER FOR FURTHER PROCESSING

First name : _____ Association (country) : _____
 Surname : _____ Dojang : _____
 Gender : [] male / [] female Master's name : _____
 Date of Birth : ____ / ____ / ____ (dd/mm/yyyy) Belt : _____ Geup / _____ Dan
 Nationality : _____

Championship Saturday, May 30, 2020						
	Color Belts				Black Belts	
	Age 12 and under	Age 13 - 17	Age 18 - 35	Age 35+	Age 18 - 35	Age 35+
Traditional forms						
Weapon forms						
Self-Defense						
Breaking	<input type="checkbox"/>	(only for ages 12 - 17)		<input type="checkbox"/>	(man and women separated)	
Championship Fee:					Subtotal	€
- An initial competition fee of €45 applies for the first category - Every additional competition is €15 per category - An additional €5 charge applies for the breaking competition on top of the total championship fee						

Entrance fee for spectators Saturday, May 30, 2020	Number of persons	
Pre-Sale entrance vouchers for junior spectators, age 3 - 12 years - €3,50 per person		persons
Pre-Sale entrance vouchers for adult spectators, age above 12 years - €5,00 per person		persons
<i>Entrance vouchers for spectators will be available for purchase on site at as well (no extra fee)</i>	Subtotal	€

Euro Mulimpia T-Shirt à €15 Please indicate the number of t-shirts that you wish to purchase per size; unisex; size chart can be found online									
XXS	XS	S	M	L	XL	XXL	XXXL		

I, the undersigned, do hereby voluntarily submit my application after reading and fully understanding the rules and regulations for attendance and participation in the said 2020 Euro Mulimpia and hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I waive all claims against the promoters, operators, or sponsors of said 2020 Euro Mulimpia or Euro Mulimpia Committee, individually or otherwise for any claim for injuries that I may sustain. I fully understand that any medical treatment given to me will be of a first aid treatment type only. I consent that any pictures, videos, or other media furnished by me or any pictures, videos, or other media taken of me in connection with the event can be used for publicity, promotion, television shows, etc. and I waive compensation in regards thereto. All fees are non-refundable and non-transferrable.

Date _____ Sign _____

Total amount	€
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If applicant is under 18, sign of parent or guardian is required.