



U.S. Association of Martial Artists

Grand Internationals Tournament & Seminars

MARCH 13 - 15, 2020 in Albuquerque, New Mexico

USAMA 5 Star ***** Sanctioned Tournament



Must be Postmarked by March 4, 2020 to be "Pre-Registered." After that they are "At Door" Registrations.

Entry Form

NAME _____ Competitor's AGE on March 14, 2020 _____

ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP _____

TIME IN MARTIAL ARTS: _____ YEARS _____ MONTHS SEX M / F PHONE: _____

*USAMA MEMBER # _____ BELT RANK (Color, or Dan Level, if applicable): _____

SCHOOL _____ INSTRUCTOR _____

E-MAIL ADDRESS _____

Please Register me for the following Individual Events:

- _____ Forms (Kata)
- _____ Extreme Kata (Creative) (No Points)
- _____ Sparring (Kumite)
- _____ Weapons (Kobudo)
- _____ Chanbara
- _____ TDS (Take Down Sparring)
- _____ Koshiki (Armored Multi-Point Sparring)

Competitors 40 yrs. & over,
Check Here _____
If **NOT** competing
in Executive Divisions

INDIVIDUAL COMPETITOR FEES

Pre-Registered Postmarked by March 4th	At Door
One or Two Events \$75	\$95
Three or Four Events \$85	\$105
Five or Six Events \$95	\$115
Seven Events \$100	\$120

Total for Individual Events: \$ _____

SPECTATOR FEES

	Pre-Registered by Mar. 4th		At Door	
	One Day	Two Day	One Day	Two Day
3 yrs & under	FREE	FREE	FREE	FREE
4 to 9 yrs.	\$5	\$10	\$10	\$15
10 yrs & up	\$15	\$20	\$20	\$25
Video Pass	\$25	\$30	\$30	\$35

Please Register me for:

	TEAM FEES PER EVENT	
	Pre-Registered	At Door
_____ Team Sparring		
_____ Team Forms	\$10 per Person	\$15 per Person

Total for Team Events: \$ _____

Waiver: I understand that karate is a contact sport. I am aware that I am participating in an activity which involves physical contact and injuries may occur which may potentially involve bodily harm or even death and do so at my own risk. I waive any claim or cause of action I may have against the promoters of the tournament, Sue Hawkes, the Embassy Suites, the judges, tournament personnel, other competitors, seminar instructors, PKC and the U.S. Association of Martial Artists Inc., that may arise out of my participation in this tournament and/or seminars. I further agree to indemnify and hold harmless the promoter, Sue Hawkes, the Embassy Suites, the judges, tournament personnel, seminar instructors, PKC and the U.S. Association of Martial Artists Inc., for any injuries or damages which may arise due to my participation in the tournament and/or seminars. I state that I do not suffer from any physical and/or mental conditions which may affect my participation in this tournament. I further agree to conduct myself in a sportsmanlike and safe manner and understand if I fail to do so, I may be disqualified from the tournament and not entitled to a refund. I also hereby give permission to medical personnel to administer First Aid or Emergency Treatment if, in their opinion, it becomes necessary. I hereby grant the U.S. Association of Martial Artists, Inc. ("USAMA") permission to use my likeness in a photograph, video, or other digital media ("photos") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the USAMA.

Competitor's Waiver Signature** _____ Date _____

* *(Parent or guardian must sign if under 18)

Total for Individual Competitor Events Total: \$ _____

USAMA Members: *Current USAMA Member Competitor Discount (-\$10.00) Less: \$ _____

Total for Team Events Total: \$ _____

Number of **One Day** Spectator Passes (4 to 9 yrs.) _____ X \$5.00 Circle One: Sat. or Sun. Total: \$ _____

Number of **One Day** Spectator Passes (10 yrs. & up) _____ X \$15.00 Circle One: Sat. or Sun. Total: \$ _____

Number of **Two Day** Spectator Passes (4 to 9 yrs.) _____ X \$10.00 Total: \$ _____

Number of **Two Day** Spectator Passes (10 yrs. & up) _____ X \$20.00 Total: \$ _____

Number of **One Day** Video Passes (Includes Spectator Fee) (Allows Limited Ring-Side Access Except During Finals) _____ X \$25.00 Total: \$ _____

Circle One: Sat. or Sun.

Number of **Two Day** Video Passes (Includes Spectator Fee) (Allows Limited Ring-Side Access Except During Finals) _____ X \$30.00 Total: \$ _____

Total for Seminar/Symposium (\$99.00 for the day or \$35.00 per Seminar) Total: \$ _____

Adult Banquet Tickets # of Tickets _____ X \$45 = Total: \$ _____

(Banquet Tickets Must be Purchased by March 4th ! No Banquet Tickets Available at Door)

Child Banquet Tickets(10 yrs. & under)..... # of Tickets _____ X \$25 = Total: \$ _____

Fajita (Food) Bar at the "After Party"(Social & Music Free) # of Adult Tickets _____ X \$15. # of Child Tickets _____ X \$9 = Total: \$ _____

Payment Enclosed (Make Check or Money Order Payable to "USAMA") **Total: \$ _____**

Credit Card Payments & Registrations Accepted Online for security at www.usamartialartists.org



USAMA Grand Internationals Seminar Symposium

Entry Continued

Fill out Reverse Side, and select Seminars below

- Fumio Demura 11:15 am – 12:45 pm Kata _____
- Robert Bowles 9:30 am – 11:00 am Weapons (Bo) _____
- Robert Bowles 1:00 pm – 2:30 pm Sparring _____
- Bruce & Ann-Marie Heilman 9:30 am – 11:00 am Weapons (Bo & Eiku) _____
- Bruce & Ann-Marie Heilman 2:45 pm – 4:15 pm Weapons (Tunfa & Kama) _____
- Michel Laurin 9:00 am – 10:30 am Koshiki Judging _____
- Michel Laurin 2:45 pm – 4:15 pm Koshiki _____
- Jose Guiral 1:00 pm – 2:30 pm Kata _____
- Tim VanDenover 9:30 am – 11:00 am Chanbara _____
- Tim VanDenover 2:45 pm – 4:15 pm Chanbara Judging _____
- Eli Guzman 1:00 pm – 2:30 pm Take Down Sparring _____
- Kurt Spivey 1:00 pm – 2:30 pm Assault Prevention, Safety, Protection _____

*Seminars!
1-1/2 hours with
Outstanding
Martial Artists!
Don't miss this
chance!
Sign up NOW!*

End of Entry Form

We invite you to join the

U.S. Association of Martial Artists

A Member Organization for All Martial Artists

Your Individual USAMA Membership includes: Your Patch * Membership Card *

* National Tournament Points Competition * Discounts on Many USAMA Events

* Access to International Network of Martial Arts Schools *

* Internationally-Recognized Rank Certification *

Individual Membership Application

Please Print

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ SEX: M / F

BELT RANK (Include Kyu, Keup, Grade, Degree, or Dan Level, if applicable) _____

STYLE _____ INSTRUCTOR _____

SCHOOL _____ E-MAIL ADDRESS _____

Applicant's Signature* _____ Date _____

New Membership Fee for under Black Belts: \$30.00 * New Membership Fee for Black Belts: \$40.00

Payment enclosed (paid by check, cashier's check, money order, Visa, or M/C).....**Total Enclosed:** _____

If paying by credit card: Circle One : **Visa** M/C Card Number | | | | | | | | | | | | | | | | | | | | | |

Signature of Cardholder _____ Phone# _____ Expiration date | | | | - | | | | CVS _____