

Master Brian Moragne & Project Front Kick Presents

NAFMA

GARDEN STATE

GRAND CHAMPIONSHIP

Date: Sunday October 7, 2018
Check In: 8:30am | Tournament 10am
Location: MaxFit & Sports
240 Delsea Drive
S. Glassboro, NJ 08028



609-705-4300
www.NAFMAGSGC.com

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 | TRADITIONAL FORMS | POINT SPARRING | DEMO TEAM |
 JUMP FRONT KICK | FLYING SIDE KICK

Certified Check or Money Order No personal checks accepted. Checks made PAYABLE TO: MASTER BRIAN MORÁGNE MAILED TO: Freestyle Martial Arts Academy 319 E. Jimmie Leeds Road #152, Galloway NJ 08205 ABSOLUTELY NO PERSONAL CHECKS DAY OF EVENT	Pre- Registration Received In By Sep 30th	Day Of Event Oct 7 CASH OR DEBT + \$2.00 Fee	How Many Divisions	Total Amount
Entry Fee – One Division	\$ 55.00	\$ 65.00		
Additional Divisions – Per Division	\$ 10.00	\$ 10.00		
Spectator Fee (Ages 5 & Up)	\$ 10.00	\$ 10.00		
Coaching Pass (must have or disqualify to competitor)	\$ 10.00	\$10.00		
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 Freestyle Martial Arts Academy, LLC (FMAA), Master Brian Moragne, Project Front Kick, NAFMA, and any other person associated with this event in any capacity from any liability due to injuries through my action or inaction that may occur as a result of my attendance/participation at this event. Furthermore, I hereby waive any compensation what so ever for the use of digital or print media materials, 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 bodily 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 medical condition and hereby certify that I am spiritually, mentally, and physically fit to compete in this FMAA/NAFMA competition. Agreeing to all this, I waive my right to any refunds associated with this tournament.

 Competitor's Signature Date

 Parent/Guardian Signature (if under 18 years) Date

 Credit Card Holder's Name
 _____ | _____ | _____ | _____
 Card Number
 Exp: ____ / ____ 3 Digit Code: _____
 Card Address: _____ State: _____
 Zip Code: _____

NAFMA GSGC COMPETITOR CARD

NAME: _____

AGE: _____ BIRTHDATE: _____ Male / Female

SCHOOL: _____

Rank (Circle One)

BEGINNER | INTERMEDIATE | ADVANCE | BLACK BELT
EVENTS

| WEAPONS | OPEN FORMS | TADITIONAL FORMS |
POINT SPARRING | DEMO TEAM |
CAPOEIRA GAME | CAPOEIRA SOLO