



SPIRIT OF THE ARTS

Winter Open Tournament 2019

Pre-Registration Form

Sunday, February 10th

MEGA TEAM only

Team name _____

Name of team captain/representative _____

Contact information:

Address _____ City _____ Zip Code _____

E-Mail Address _____

M/F _____ Rank _____ Club Name _____ Instructor _____

Pre-registered (mailed by February 2nd):

\$100 for the entire team (6-24 members)

At the Door

\$120 for the entire team (6-24 members)

Spectators \$2 (5 and under free)

| | |
|-----------|--|
| Mega Team | |
| Spectator | |

Please make checks payable to:
StoneHouse Martial Arts

Mail to:
StoneHouse Martial Arts
102 Belknap St
Superior, WI 54880
Ph# 715-394-5425 or email info@gmmaa.com

| | |
|------------|----|
| Total Paid | \$ |
|------------|----|

WAIVER

LIABILITY RELEASE. . . In consideration of your acceptance of my entry, I and my team members do hereby, for myself, my heirs, executors, and administrators waiver, release, and forever discharge any rights and claims for damage which I and my team members have or which may occur to me against the tournament directors, the facility used, StoneHouse Martial Arts, Stein & Stein, Inc., Stefan and/or Stephanie Stein or their representatives, for any and all damages which may occur out of traveling to returning from or participating in such an athletic event.

Date _____

Signature of team captain (must be an adult)