



MASTER T. VELLA

**TAEKWONDO  
ACADEMY**



**Competition Entry Form**

**Sunday 31<sup>st</sup> January Albany Rd Primary School Cardiff . STARTS 2.00**

First Name	<input type="text"/>	Surname	<input type="text"/>		
D.O.B	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>	M/F	<input type="text"/>
Email	<input type="text"/>				
Telephone number	<input type="text"/>				

YOU'RE GRADE

***PLEASE TICK ONE BOX, I AM A :***

White Belt *or* Yellow Tag     Yellow Belt *or* Green Tag     Green Belt *or* Blue Tag

Blue Belt *or* Red Tag

Red Belt *or* Black Tag     Black Belt

Under 16 years. My Height is.....Cm

16years + .My Weight is .....Kilos

- I agree there will be no refunds except if the event is cancelled.
- To comply with Insurance requirements for this competition I confirm the following:-I will bring with me to the competition my up to date licence or evidence of valid membership, approved safety equipment
- I Have enclose entry fee of £12
- I certify & confirm that I will accept all of the decisions of the Officials & that all of the above information is correct.

Signed.....Parent (If under 16y )

**All forms MUST be returned Before 25<sup>th</sup> January.**

**No forms will be entered after this date so please ensure forms are return on time.**