



# REGISTRATION FORM

MMA Warriors Challenge — presented by Triunity Martial Arts, Red Tiger Martial Arts and Ultimate Martial Arts

Sunday - September 20, 2009

Please fill out the following form to participate in the MMA Warriors Challenge  
September 20, 2009.

**Please return form to Triunity Martial Arts by FAX to 778-578-0068**  
Before September 20, 2009

|   |                   |
|---|-------------------|
| <b>NAME</b> _____   | <b>Age</b> _____  |
| <b>ADDRESS</b> _____  | <b>CITY</b> _____ |
| <b>PHONE</b> _____  |                   |
| <b>I will be competing in</b> (select all that apply): <b>Point Sparring</b> <input type="checkbox"/> <b>Jiu Jitsu</b> <input type="checkbox"/> <b>Muay Thai</b> <input type="checkbox"/> <b>Kick Boxing</b> <input type="checkbox"/> |                   |
| <b>Method of payment</b> (select one): <b>cheque</b> <input type="checkbox"/> <b>cash</b> <input type="checkbox"/>  |                   |
| ** Cheque or cash only. Credit cards not accepted **  |                   |

I, \_\_\_\_\_ will participate in the MMA WARRIORS CHALLENGE  
( print name )

on September 20, 2009. I agree to pay \$25 (cash or cheque only) which is the total cost for the event, and I recognize this event is **non-refundable** and I am obligated to attend and will not be refunded this amount under any circumstances.

Should any instances occur where the MMA WARRIORS CHALLENGE is not able to carry out this event due to unforeseen circumstances, my payment will be refunded to me as soon as possible.

By signing my name below, I am in agreement to this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*NOTE: Triunity Martial Arts, Red Tiger Martial Arts or Ultimate Martial Arts will not be held responsible for any injury or related injury incurred on-site during this event on the above said date.

: Please return form by FAX to Triunity Martial Arts at 778-578-0068 :