

TEAM COMPETITION REGISTRATION FORM

TEAM WEAPONS Registration Form

Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Team Representative _____
 Team Name: _____
 Country Being Represented _____
 Circle One: Juniors Adults Division Number _____
 (Minimum of 3 Teams in Each Division needed to Hold the Event)

WORLD BLACK BELT SUPER TEAM FIGHTING

Registration Form

(3 Men AND 2 Women per Team)

Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Team Coach _____
 Team Name: _____
 Country Being Represented _____
 (Minimum of 3 Teams in this Division needed to Hold the Event)

TEAM SYNCHRONIZED FORMS Registration Form

Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Team Representative _____
 Team Name _____
 Country Being Represented _____
 Circle One: Juniors Adults Division Number _____
 (Minimum of 3 Teams in Each Division needed to Hold the Event)

BE SURE TO PUT TOGETHER AND PRE-REGISTER YOUR TEAM AS SOON AS POSSIBLE.

PUT FORTH YOUR BEST TEAMS AND COMPETITORS TO REPRESENT YOUR COUNTRY AND TAKE HOME THE GOLD !!

This Form is For TEAM FORMS, WEAPONS, SPARRING COMPETITION ONLY - Not Individual Competition.

TEAM DEMO FORMS Registration Form

Team Name _____
 Team Representative _____
 Circle: Juniors Adults Division Number _____
 Team Name _____
 Country Being Represented _____
 (Minimum of 3 Teams in Each Division needed to Hold the Event)

REGISTRATION FORM

Team Reps Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: () _____
 School Name: _____
 Address: _____
 City: _____ State _____ Zip _____

3 Person Junior Team Sparring Registration Form

Name _____
 Name _____
 Name _____
 Team Representative _____
 Team Name: _____
 Country Being Represented _____
 Circle: Junior Boys Girls Division Number _____
 (Minimum of 3 Teams in Each Division needed to Hold the Event)

WORLD TEAM SPARRING FEE: (\$100.00) \$ _____
3 PERSON JUNIOR TEAM SPARRING FEE (\$75.00) \$ _____
TEAM WEAPONS FORMS (\$65.00) \$ _____
TEAM SYNCHRONIZED FORMS (\$65.00) \$ _____
TEAM DEMO STYLE FORMS (\$65.00) \$ _____
AMOUNT ENCLOSED FOR TEAM COMPETITION \$ _____

PLEASE MAKE MONEY ORDERS OR CHECKS PAYABLE AND MAIL TO
 W.O.M.A.A.
 3 ELMS STREET
 BRIDGEVILLE, DELAWARE 19933

**Fill out Form Completely for each Team Event you are Competing In.
 Make Copies If necessary, and send with Appropriate Fees by Deadline Date:**