

Paik's Traditional Martial Arts Presents

5th Annual Capitol City Classic Open Martial Arts Tournament Open to all styles and affiliations

Sunday, April 20, 2008

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Pre-Registration

Post Marked by April 17, 2008

Competitors \$45 (1-2 events)

\$15-each additional

Team forms \$15/each competitor, separate from regular competition

Spectators \$7.00

At the Door

Competitors \$50 (1-2 events)

\$15-each additional

Spectators \$7.00

Tournament Location

Sheraton Hotel

706 John Nolen Dr.

Madison, WI 53709

Tournament Information

Registration Opens at 9:30am

Black Belt Meeting 10:00am

Start of tournament 10:00am (Be on time)

Arbitrator/Tournament Coordinator

Master Peter S. Paik

Contact Information

Master Peter S. Paik

330 Junction Rd

Madison, WI 53717

Tel: (608-827-5425)

AKA Sanctioned AA Points



Crt/Trad Weapons	Traditional Forms	Creative Forms	Musical Wpn/Forms	Sparring	Sparring (cont.)
Black Belts	Black Belt	Black Belt	Black Belts	Black Belt	B/G 11 & 12 Nov
M/W 35&Older	M/W 35&Older	M/W 35&Older	M/W 18&Older	M Lt Wt 18-34	B/G 11 & 12 Int
M/W 18-34	M/W Hard 18-34	M/W 18-34	B/G 13-17	M Hvy Wt 18-34	B/G 11 & 12 Adv
B/G 15-17	M/W Soft (non-Wushu)18+	B/G 15-17	B/G 12&Under	M 35&Older	B/G 9 & 10 Nov
B/G 12-14	B/G Soft (non-Wushu) 17-	B/G 12-14	Under Belts	W 18-34	B/G 9 & 10 Int
B/G 11&Under	B/G 15-17 Hard	B/G 11&Under	M/W 18&Older All	W 35&Older	B/G 9 & 10 Adv
Under Belts	B/G 12-14 Hard	Under Belt	B/G 13-17 All	B 15-17	B/G 7 & 8 Nov
M/W 35&Older Nov	B/G 11&Under Hard	M/W 18&Older Nov	B/G 12-Under All	G 15-17	B/G 7 & 8 Int
M/W 35&Older Int	Under Belt	M/W 18&Older Int	Xtreme Weapons	B 12-14	B/G 7 & 8 Adv
M/W 35&Older Adv	M/W 35&Older Nov	M/W 18&Older Adv	Black Belts	G 12-14	B/G 6-Under Nov
M/W 18-34 Nov	M/W 35&Older Int	B/G 15-17 Nov	M/W 18&Older	B/G 11&Under	B/G 6-Under Adv
M/W 18-34 Int	M/W 35&Older Adv	B/G 15-17 Int	B/G 13-17	Under Belt	
M/W 18-34 Adv	M/W 18-34 Nov	B/G 15-17 Adv	B/G 12&Under	M 35&Older All Ranks	
B/G 15-17 Nov	M/W 18-34 Int	B/G 13-14 Nov	Under Belts	W 35&Older All Ranks	
B/G 15-17 Int	M/W 18-34 Adv	B/G 13-14 Int	M/W 18&Older All	W 18-34 Nov	
B/G 15-17 Adv	B/G 15-17 Nov	B/G 13-14 Adv	B/G 13-17 All	W 18-34 Adv	
B/G 13-14 Nov	B/G 15-17 Int	B/G 11-12 Nov	B/G 12-Under All	M 18-34 Nov	
B/G 13-14 Int	B/G 15-17 Adv	B/G 11-12 Int	Xtreme Forms	M 18-34 Int	
B/G 13-14 Adv	B/G 13-14 Nov	B/G 11-12 Adv	Black Belts	M 18-34 Adv	
B/G 11-12 Nov	B/G 13-14 Int	B/G 9-10 Nov	M/W 18&Older	G 15 - 17 Nov	
B/G 11-12 Int	B/G 13-14 Adv	B/G 9-10 Int	B/G 13-17	G 15 - 17 Int	
B/G 11-12 Adv	B/G 11-12 Nov	B/G 9-10 Adv	B/G 12&Under	G 15 - 17 Adv	
B/G 9-10 Nov	B/G 11-12 Int	B/G 7-8 Nov	Under Belts	B 15 - 17 Nov	
B/G 9-10 Int	B/G 11-12 Adv	B/G 7-8 Int	M/W 18&Older All	B 15 - 17 Int	
B/G 9-10 Adv	B/G 9-10 Nov	B/G 7-8 Adv	B/G 13-17 All	B 15 - 17 Adv	
B/G 7-8 Nov	B/G 9-10 Int	B/G 6-Under Nov	B/G 12-Under All	G 13 & 14 Nov	
B/G 7-8 Int	B/G 9-10 Adv	B/G 6-Under Adv		G 13 & 14 Int	
B/G 7-8 Adv	B/G 7-8 Nov			G 13 & 14 Adv	
B/G 6-Under Nov	B/G 7-8 Int			B 13 & 14 Nov	
B/G 6-Under Adv	B/G 7-8 Adv			B 13 & 14 Int	
	B/G 6-Under Nov			B 13 & 14 Adv	
	B/G 6-Under Adv				

Name: _____ Age: _____

Rank: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: () _____ E-Mail: _____

School: _____ Instructor's Name: _____

School Address: _____

Release form/ Waiver

I agree to assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participation in this tournament. I hereby waiver all claims against the promoters, operators, facilities or sponsors of the event for any claim for injuries that I may sustain. I fully understand any medical treatment given to me will be of FIRST AID TREATMENT only.

Competitor's Name

Parent's Signature (if competitor is under 18)