

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 12:00 PM

Black Belt Meeting 1:00 PM

Start of tournament 1:00 PM (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)

**Traditional Forms
(WTF, ITF)**

Black Belt*
M/W 45 & Older
M/W 35-44
M/W 18-34
B/G 15-17
B/G 12-14
B/G 10-11
B/G 8-9
B/G 7 & Under

Colored Belts*
M/W 45 & Older
M/W 35-44
M/W 18-34
B/G 15-17
B/G 13-14
B/G 11-12
B/G 9-10
B/G 7-8
B/G 6 & Under

**Open Forms
(All Styles)**

Black Belt*
M/W 45 & Older
M/W 35-44
M/W 18-34
B/G 15-17
B/G 12-14
B/G 10-11
B/G 8-9
B/G 7 & Under

Colored Belts*
M/W 45 & Older
M/W 35-44
M/W 18-34
B/G 15-17
B/G 13-14
B/G 11-12
B/G 9-10
B/G 7-8
B/G 6 & Under

**Sparring
(Point & Olympic)**

Black Belt*
M/W 45 & Older
M/W 35-44
M/W 18-34
B/G 15-17
B/G 12-14
B/G 10-11
B/G 8-9
B/G 7 & Under

Colored Belts*
M/W 45 & Older
M/W 35-44
M/W 18-34
B/G 15-17
B/G 13-14
B/G 11-12
B/G 9-10
B/G 7-8
B/G 6 & Under

Team Form*-Blackbelts/Colorbelts: 17 & under, 18~34, 35& Up, & mixed **\$15 extra /each team member.**

Weapons Form*- Traditional, Blackbelts 18 & Up, 13-17, 12 & under
Colorbelts 18 & Up, 13-17, 12 & under
- Open, Blackbelts 18 & up, 13-17, 12 & under
Colorbelts 18 & Up, 13-17, 12 & under
Padded weapons sparring*--Will be determined qt the tournament

*Divisions will be divided by belt rank, age, and weight if necessary

Name: _____ Age: _____

Rank: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: () _____ E-Mail: _____

School: _____ Instructor's Name: _____

School Address: _____

Check which divisions you will be competing in :

_____ Traditional Forms

_____ Open Forms

_____ Open /Traditional Weapons Form

_____ Team Forms(requires \$15 extra fee/person)

_____ Point Sparring

_____ Olympic Sparring

_____ Padded weapons

Total Fee Enclosed _____(Certified checks or Money orders)

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)