SOCA Official Tournament Entry Form

Name_____ Age_____
Last First

Parent's Name (if participant is under 18) _____
Last First

Address_____
Street City State Zip

School_____ Rank_____

You Can Drop the Entry Form off at Billings Chi-Tu Do or Mail it to us. If you are going to mail in your entry form **it must be mailed in no later than Jan 23rd**. Please address the envelope to Billings Chi-Tu Do C/O Stomp Out Child Abuse, 1807 Grand Ave, Billings, MT 59102.

5-8	**Under 1 year**	**Over 1 year**	**Advanced**	**Black Belt**
Forms				
Weapons				
Point Sparring				
9-12				
Forms				
Weapons				
Point Sparring				
Breaking				
13-17				
Forms				
Weapons				
Point Sparring				
Breaking				
18+				
Forms				
Weapons				
Point Sparring				
Breaking				
Cont. Sparring				
Demo Team Forms	**Yes** _____	**Team Name** _____		

You MUST also fill out and sign the Tournament Waiver and include it with this form. You will not be allowed to participate without a signed waiver.