SORRY NO CHECKS DAY OF EVENT

Name- _____Male or Female___Age- _____

Address- _____

_____Phone - _____

School/Instructor- _____

Rank- (Circle your rank)

Novice Intermediate Advanced Black Belt

Divisions (Check all divisions competing in)

Position Grappling- _____ WT _____

Weapons- _____ Forms-_____ Sparring- _____

I, the undersigned, hereby release Huzon and Stacey Alexander, Twin State Championships, Twin State Martial Arts Association, Mount Saint Joseph Academy, and all persons associated with this event in any capacity, from being sued or any liability due to injuries, etc. that may incur as a result of my attendance and/or participation at the above specified event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage, etc. utilized by those associated with this event at any time.

_____ _____

(Signature) (Signature of parent/guardian if under 18)

Pre-Registration- $60 ($55 T.S. Members)
(Due 10/16/26)
Day of Event- $70

Make Checks Payable to:
Twin State Martial Arts
5105 VT Route 100
Londonderry, VT 05148

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