|  |  |
| --- | --- |
| Name: | Street, City, Zip Code |
| Parent E-mail address: | Phone Number: |
| Parents Name: | High School Attending or IKWF Club Affiliation |

Please Print CLEARLY

|  |  |  |  |
| --- | --- | --- | --- |
| PAYMENT AMOUNT: | Cash | Check | Charge |

|  |  |
| --- | --- |
| You MUST have a USA Card to participate: | Card Number: |

There is a SEPARATE waiver that must be filled out completely – That is for insurance purposes and you will not be able to participate until that is submitted!