**23rd STATE TAEKWONDO CHAMPIONSHIP 2019**

 27th & 28th September 2019

Organized by

CHANDANNAGAR TAEKWONDO ASSOCIATION

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**INDIVIDUAL ENTRY FORM**

PHOTO

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Representing District ………………………………………...

Name …………………………………………

Fathers Name …………………………………………

Date of Birth …………………………………………

Address …………………………………………………………..

Sex …………………………………………………………...

Weight …………………………………………………………...

Present Gup/Dan ………………………………………………………………………

**DECLARATION**

I do hereby agree to abide by and adverse all the rules and regulation of the above championship organizing committee. I certify that the organizers and Chandannagar Taekwondo Association shall not be responsible for any claims what so ever in respect to bodily injury or damages or property during the course of the championship and that I shall be liable for all medical costs incurred as a result of treatment.

 Applicant’s Signature

 Secretary/President Instructor’s Signature Parent/Legal Guardian’s Signature

District Taekwondo Association

**NO BODY WILL BE ALLOWED IN THE CHAMPIONSHIP WITHOUT PROPER ENTRY FORM**