

JUDGES REGISTRATION
PLEASE RESPOND BY APRIL 2, 2010

NAME _____ [] I will attend [] I will not
attend

SCHOOL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Please indicate below the divisions that you would be willing to judge:

- | | |
|--|---|
| <input type="checkbox"/> Traditional Northern | <input type="checkbox"/> Continuous Sparring |
| <input type="checkbox"/> Traditional Southern Long | <input type="checkbox"/> Traditional Southern Short |
| <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Push Hands |
| <input type="checkbox"/> Shuai-chiao | <input type="checkbox"/> Chi Sao |
| | <input type="checkbox"/> San Shou |

When will you arrive? _____

Will you arrive by car or plane _____

Will you require pick-up from Cleveland Hopkins Airport? [] yes [] no

Will you arrive with a team? [] yes [] no If yes, # of competitors: _____

Would you be interested in performing a demonstration at the tournament? []
yes [] no

Would you be interested in giving a seminar? [] yes [] no

Friday evening [] or Sunday morning []