MAC TOUR USA Lil Warrior OFF LINE REGISTRATION FORM

Off-line registration by mail/fax must be received by deadlines below

Address: 12940 State road 84, Davie, FL 33325
Fax: 1-954-746-4388 **Phone:** 1-954-475-1881

Competitor Information

(Please Print Black or Blue Ink Only)

First Name | MI | Last Name

Birthday _____ Age_____ Weight: _____ lbs Gender M F Skill Level/Belt: _____
yyyy / mm / dd

Home Address_____Apt: _____

City _____ ST _____ Zip _____

Phone Number_____ Emergency Phone Number _____

Martial Arts School _____ Instructor _____

School's Email Address: _____Phone _____

You will receive an email confirmation of registration.

Lil Warrior REGISTRATION FEES Form and Weapons Only	Deadline Dates	ONLINE	OFFLINE
	7 days before Tournament	$35	$45.
	At the Door	$45	

PLEASE NOTE:
There is no refund for missed divisions. It is the responsibility of the competitor to report to their ring on time. Check Schedule of Events for start times of respective age and experience levels at www.mactourusa.com.

Payment Information

If mailing the form and payment must be received by MAC TOUR USA by the appropriate dates above to receive any discounts. If by fax please pay by credit card only. Any registrations received after dates above shall automatically be charged according to fees at the time of receipt. In the case of payment by check the additional amounts will be due and payable prior to the Tournament.

Your Role: [ ] Self [ ] Parent [ ] Coach [ ] School Owner [ ] Team Manager

US Funds Only **Form of Payment**: [ ] Check/MO Number _____ (Please make payable MAC TOUR USA)
(Please Note: there is a $32 bank fee for all returned items.)

Credit Card: [ ] Visa [ ] MasterCard [ ] AMEX [ ] Discover (All Charges will appear as MARTIAL ARTS BILLING)

_____ _____
Print Name as it appears on Credit Card Signature

Account Number | Security Code | Expiration Date

Billing Address (If different then above) _____

Zip Code _____ Phone Number_____

E-mail: (needed for confirmation of registration) _____

For office use only DATE RECEIVED _____