



7TH NATIONAL POOMSAE CHAMPIONSHIPS 2013

To : **Organizing Chairman**
7th National Poomsae Championships

On behalf of _____ (name of affiliate), I submit the attached entry forms and confirm that the players are all members of the Club.

Name of Team Manager		
Signature	Official Stamp	
Date		



7TH NATIONAL POOMSAE CHAMPIONSHIPS 2013

FORM A

INDIVIDUAL (MALE)

Affiliate			
Team Manager		Contact No	

Please circle

Division	A	B	C	D	E	F	G	H
Age	4 - 5	6 - 8	9 - 11	12 - 14	15 - 20	21 - 30	31 - 50	51 & older

No	Name	*Category											
		White		Yellow		Green		Blue		Red		Poom	Dan
		9	8	7	6	5	4	3	2	1			

**Please tick accordingly*



7TH NATIONAL POOMSAE CHAMPIONSHIPS 2013

FORM B

INDIVIDUAL (FEMALE)

Affiliate			
Team Manager		Contact No	

Please circle

Division	A	B	C	D	E	F	G	H
Age	4 - 5	6 - 8	9 - 11	12 - 14	15 - 20	21 - 30	31 - 50	51 & older

No	Name	*Category										Poom	Dan
		White		Yellow		Green		Blue		Red			
		9	8	7	6	5	4	3	2	1			

**Please tick accordingly*



7TH NATIONAL POOMSAE CHAMPIONSHIPS 2013

FORM C

PAIR

Affiliate			
Team Manager		Contact No	

Please circle

Division	A	B	C	D	E	F	G	H
Age	4 - 5	6 - 8	9 - 11	12 - 14	15 - 20	21 - 30	31 - 50	51 & older

No	Name	*Category										Poom	Dan
		White		Yellow		Green		Blue		Red			
		9	8	7	6	5	4	3	2	1			

**Please tick accordingly*



7TH NATIONAL POOMSAE CHAMPIONSHIPS 2013

FORM D

TEAM (MALE)

Affiliate			
Team Manager		Contact No	

Please circle

Division	A	B	C	D	E	F	G	H
Age	4 - 5	6 - 8	9 - 11	12 - 14	15 - 20	21 - 30	31 - 50	51 & older

No	Name	*Category										Poom	Dan
		White		Yellow		Green		Blue		Red			
		9	8	7	6	5	4	3	2	1			

**Please tick accordingly*



7TH NATIONAL POOMSAE CHAMPIONSHIPS 2013

FORM E

TEAM (FEMALE)

Affiliate			
Team Manager		Contact No	

Please circle

Division	A	B	C	D	E	F	G	H
Age	4 - 5	6 - 8	9 - 11	12 - 14	15 - 20	21 - 30	31 - 50	51 & older

No	Name	*Category										Poom	Dan
		White		Yellow		Green		Blue		Red			
		9	8	7	6	5	4	3	2	1			

**Please tick accordingly*



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FORM F

FAMILY

Affiliate			
Team Manager		Contact No	

Status	Name
Father	
Mother	
Child	
Child	
Child	
Child	



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FORM G

REGISTRATION FORM (to be completed by all participants)

Affiliate	
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Name		Age (as at 2013)	
Date of Birth		Grade (as at April 2013)	
NRIC No		Sex	
Contact No	(Mobile)	(Home)	
Name of Coach		(Mobile)	

I agree to abide by the rules and regulations of the tournament and will not hold the Singapore Taekwondo Federation responsible for any injury, damage or loss sustained as a result of my participation.

Signature

Date

Parental/Guardian Consent for Participants Below 21 Years of Age

I consent to the participation of the above named applicant, who is my *child/ward, in the 7th National Poomsae Championships. I hereby release the Singapore Taekwondo Federation and its agents from all liabilities that may arise in connection therein.

Name		Signature/Date	
NRIC No		Contact No	(Mobile)

Witnessed By

Team Manager		Signature/Date	
NRIC No		Contact No	(Mobile)