

# March 6 – 8, 2009 COLUMBUS, OHIO PRE-REGISTRATION prices **end Feb. 20, 2009!!!**

## Muay Thai

Please submit this form to: AMAF–Headquarters P.O. Box 719 Chillicothe, Ohio 45601  
Office (614) 796-1115 Fax (516) 625-1023 (E-mail) [thill@tokeyhill.com](mailto:thill@tokeyhill.com)

|  |                   |                    |            |                                     |            |            |
|--|-------------------|--------------------|------------|-------------------------------------|------------|------------|
| Last Name  |                   | First Name         |            | M.I.                                | Home Phone | Cell Phone |
| Home Address   |                   | City               | State      | Zip                                 | Country    |            |
| E-mail   |                   | Primary Discipline |            | Organization/Federation (important) |            |            |
| M / F  | / /               | ( )                | ft.        | in.                                 | lbs.       |            |
| Gender   | Birthdate (M/D/Y) | Age                | Height     | Weight                              | Level      | Rank       |
| Emergency Contact: Last Name                                     |                   | First Name         |            | Relationship                        |            |            |
| Home Phone   | Cell Phone        | Pager              | Work Phone | Email                               |            |            |
| School/Club's Name Head Instructor's Name Rank & Yrs of training |                   |                    |            |                                     |            |            |
| School Address   |                   | City               | State      | Zip                                 | Phone      |            |

**Pre-registration prices:** One Division \$65.00, Two Divisions \$75.00, Each division after 2 is \$15.00. If you plan to compete in another discipline you MUST fill out the corresponding discipline registration form which will mean a separate registration fee.

Enter Division Code(s) Here

|       |   |       |   |       |   |       |   |       |   |       |   |       |      |
|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|------|
| _____ | + | _____ | + | _____ | + | _____ | + | _____ | + | _____ | + | _____ | = \$ |
| _____ | + | _____ | + | _____ | + | _____ | + | _____ | + | _____ | + | _____ | = \$ |
| _____ | + | _____ | + | _____ | + | _____ | + | _____ | + | _____ | + | _____ | = \$ |

Please make all fees payable to: Arnold Martial Arts Festival TOTAL \$ \_\_\_\_\_

|      |  |                    |           |
|------|--|--------------------|-----------|
| MC   |  | Credit Card Number | Exp. Date |
| Visa |  | Signature          | Date      |

I hereby submit my registration form to the 2009 Arnold Martial Arts Festival. I agree to save & hold harmless Management, Sponsor, Classic Productions, Inc., Team Tokey Hill, LLC., Greater Columbus Convention Center, their officers, agents, members & employees from any & all liability resulting from injuries to any person or for damages to or loss of property owned or controlled by me. I fully understand and shall adhere to all rules and regulations. I release all photo & video rights that may be used for publicity, promotion and/or media release without any form of compensation.

Volunteer / Official Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian's (if under18) Signature \_\_\_\_\_ Date \_\_\_\_\_

**→NO REFUNDS←**

**Late registration fees: \$75.00 for One  
division, \$85.00 for Two, and each  
division after 2 is \$20.00.**