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or for non-Chanbara Divisions Register on line and Save Time!

Joe Corley's BATTLE OF ATLANTA 2008: A NEW BEGINNING

AUGUST 1-2, 2008

mail to: BATTLE OF ATLANTA....3162 Johnson Ferry Rd, Suite 260 PMB 643, Marietta, GA 30062

Fax Credit Card Applications to: (404) 404-521-4639 call (770) 973-6133 for more information...

Register On-line at Website: www.battleofatlanta.com

Hotel Reservations: CONNECTIONS (404) 842-0000...or reserve on line from www.battleofatlanta.com

Divisions I wish to enter: Friday & Saturday Battle of Atlanta

Under Belt Kids May Enter up to 8 Divisions; Under Belt Adults may enter up to 7 divisions : () Sparring () Traditional Forms () Open Forms () Musical Forms
() Extreme Forms () Extreme Weapons () Traditional Weapons () Musical Weapons

Black Belts: (Kids may enter up to 8 divisions; Adults may enter up to 9 divisions—see Divisions Sheet for your Options): () Sparring () Musical Forms
() Traditional Forms () Extreme Forms () Open Forms () Traditional Weapons () Open Weapons () Musical Weapons () Extreme Weapons

- () Friday night PAUL MITCHELL BLACK BELT TEAM SYNCHRONIZED FORMS (2 or More Members)
() Friday night PAUL MITCHELL COLOR BELT TEAM SYNCHRONIZED FORMS (2 or More Members)
() Friday Night PKA World Team Mixed Doubles Black Belts (1 Man 1 Woman)
() Friday Night PKA World Team Mixed Doubles Under Black Belts (1 Man 1 Woman)
() Friday night PKA WORLD BLACK BELT MEN TEAM FIGHTING (3 FIGHTERS, ANY WEIGHT)
() Friday night PKA WORLD JUNIOR TEAM CHAMPIONSHIP BLACK BELT FIGHTING
(1)13 & Below; (1) 14-15 yrs.; (1) 16-17 yrs.
() Friday night PKA WORLD JUNIOR TEAM COLOR BELT TEAM FIGHTING
(1)13 & Below; (1) 14-15 yrs.; (1) 16-17 yrs.
() PRO RANK Team Pairs 2 kids, adults or mixed, Black Belt Forms (music Optional: Team plaques PLUS \$100 Award
() PRO RANK World Mixed Extreme Team Championships (any belts 4-10 members—Special Rules on line) Team plaques PLUS \$100 Award

(Each team member must submit this entry/release form; attach separate sheet with all names and TEAM NAME)

PLEASE FILL OUT COMPLETELY!!

Name: _____ Age: _____ Male/Female: _____ Date of Birth: _____

Belt Color: _____ Experience: _____ yrs. _____ mos. () Beginner () Intermediate () Advanced Approx. Wt: _____ lb.

Your Address: _____
Street & Number City State Zip Phone Email address

Studio Name: _____ / _____
Your Instructor's Name

Studio Address: _____
Street & Number City State Zip Studio Email

Studio Ph. No. () _____

Enclosed is () check () money order in the amount below made payable to Battle of Atlanta. Or, I authorize the Battle of Atlanta to charge my credit card the amount indicated below for a reservation of my participation / entry in the 2008 Battle of Atlanta. I understand there are no refunds.

Everything Above AND Below (if appropriate) Must Be Filled Out Completely !!!

() MasterCard () Visa () American Express () Discover

[Call 770-973-6133 to verify accurate prices, if necessary,,,,register early and \$SAVE!]

Competition Fees: _____ Spectator Tickets: _____ Coach's Passes: _____ Total to charge or check enclosed: _____

Name on card : _____ card # _____ expiration date. _____

Signature: _____ Phone:() _____

Read the following and sign below. All minors under 18 years of age MUST have a parent or Guardian's signature.

This MUST be returned with application.

The participant agrees to comply with the rules and regulations of the Battle of Atlanta (hereafter BATTLE) and/or PKA World Championship (hereafter WORLD CHAMPIONSHIP) and/or the PKA WORLD BLACK BELT TEAM Challenge (hereafter TEAM CHALLENGE), Team Demonstration Competition (hereafter TEAM DEMO) or PAUL MITCHELL TEAM FORMS, collectively THE EVENTS. Participant acknowledges that competition in THE EVENTS is physically strenuous and that participation in such competition can result in injury to a participant. The participant hereby waives any and all claims of damage or injury against THE BATTLE OF ATLANTA, the WORLD CHAMPIONSHIP and the TEAM CHALLENGE, Joe Corley Karate Studios, North American Sport Karate Association, Atlanta Hilton & Towers, Professional Karate Association, Professional Karate Commission, or any of their officers, agents, employees, sponsors or any individual connected with the organization or promotion of any of THE EVENTS, and Participant expressly assumes all risks of whatsoever nature resulting from participation therein. Additionally, I am fully aware of my personal medical conditions and hereby certify that I am mentally and physically fit to compete in the EVENTS. Last, I hereby waive any compensation of whatever kind for use of pictures, videotape or other likenesses or reproductions for media coverage, press releases or interviews utilized by those producing or directing this event at any time.

Signature: _____ Parent or Guardian if under 18: _____

Date: _____ : BATTLE OF ATLANTA....3162 Johnson Ferry Rd, Suite 260 PMB 643, Marietta, GA 30062

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