



FPCKE 2010 COMPETITOR REGISTRATION FORM



Competitor Name: Last: _____ First: _____

Email: _____ @ _____

Phone Numbers: H: (____) _____ - _____ / Cell: (____) _____ - _____ Fax: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: Male ___ Female ___ Date of Birth: ____ / ____ / ____ Age by June 30th: ____ Weight: ____
mo day year

Style of the Martial Arts: _____

Rank (Belt color): _____ Circle one: Beginner / Intermediate / Advanced / Black Belt

If Black Belt enter degree of Rank: _____

Name of Instructor: _____

Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: (____) _____ - _____ School Email: _____ @ _____

Team: _____

Team Coach: _____

Terms: By signing below I agree to join the FPCKE for one calendar year and to pay the membership fee of \$15.00 made payable to: DZ Enterprises, Inc. The one year membership fee entitles me to the following competitor membership benefits: point ranking at all FPCKE state events, name recognition on the official FPCKE point standing score board promoted on the Battle of the Arts web site: (www.battleofthearts.com/fpcke.html), custom end of the year award (custom certificate) which will state the individual competitor's end of year results, and Free subscription to the Martial Arts Entertainment Magazine (www.martialartsentertainmentmagazine.com).

Signature of Competitor: _____ Date: ____ - ____ - ____
(Parent or Guardian if under 18 years of age) mo day year

Please fax this signed application to: [561-743-9298](tel:561-743-9298) and pay thru paypal secure pay at: www.battleofthearts.com/fpcke_competitor_join.html or mail money order or cashiers check to:
18238 Jupiter Landings Dr., Jupiter, FL 33458
Make payable to: DZ Enterprises, Inc.