



**BCCMA SANDA FIGHT NIGHT
REGISTRATION AND ENTRY FEE £10 (Refundable)**

** Please see the competition rules pack for conditions*

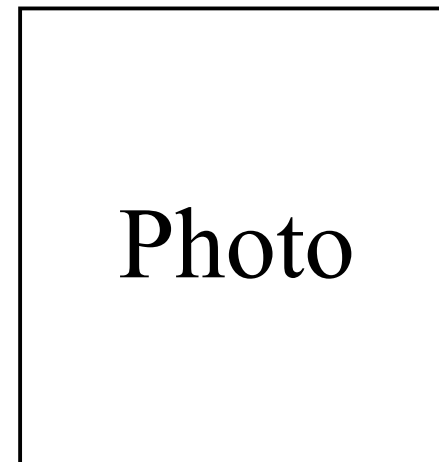
Title (Mr / Mrs / Miss / Ms)	First name	Middle Name
------------------------------	------------	-------------

Address

Date of Birth	Weight	Height
---------------	--------	--------

NAME OF SCHOOL / CLUB _____

BCCMA MEMBER LICENCE No _____ EXP DATE _____



PLEASE TICK LEVEL (✓) REACHED			
NOVICE /AMATEUR	NATIONAL	EUROPEAN	INTERNATIONAL

The details below will be used to match you with an opponent with similar experience as close as possible. Please fill in accurately

TYPE OF COMPETITION	WINS	LOSES	DRAWS

Please continue overleaf if required

I affirm that the information given is accurate and I shall comply with the rules and regulations of the BCCMA. I also confirm that I have read and understood the BCCMA SANDA FIGHT NIGHT RULES I also understand that the events are full contact fighting events with a possible risk of injury.

Signed	Print Name	Date
--------	------------	------

I ENCLOSE £10 REGISTRATION AND ENTRY FEE (CHQ PAYABLE TO THE BCCMA) other payment methods pay pal or bank transfer. Please ask for details.



CONTINUED FROM PAGE 1

TYPE OF COMPETITION	WINS	LOSES	DRAWS

I affirm that the information given is accurate and I shall comply with the rules and regulations of the BCCMA. I also confirm that I have read and understood THE BCCMA SANDA FIGHT NIGHT RULES, I also understand that the events are full contact fighting events with a possible risk of injury.

Signed _____ Print Name _____ Date _____
