



Dragon Phoenix  
Martial Arts

Chelmsford &  
Natick, MA

# The 14<sup>th</sup> Alliance Tournament

## Sunday, November 6th

Londonderry High School  
295 Mammoth Rd, Londonderry NH

Kenpo Academy  
of Self Defense

Derry & Salem, NH &  
Methuen, MA



Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Studio: \_\_\_\_\_

Self Defense Partner Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

### EVENTS

### RANK

### AGE

Traditional Forms

White

Blue/Stripe

5-↓

14-17

Weapons Forms\*

Yellow

Green

6-7

18-34

Musical Forms

Orange

Green/Stripe

8-9

35+

Sparring (Male)\*

Purple

Brown

10-13

Sparring (Female)\*

Blue

Black

Junior Blade (13-17)

Adult Blade (18+)

Self Defense\*

PRE-REGISTERED ENTRY FEE: FIRST TWO EVENTS : \$40,  
EACH ADDITIONAL EVENT : +\$5  
BLADE FIGHTING ONLY : \$20

LATE ENTRY: +\$10 (Applications received after Nov 1)  
Please make checks payable to your school

\*\*SPECTATOR TICKETS at the door: \$10 (Under 5's Free)\*\*

### \*Please Note

**Self Defense:** Partners must be the same age and rank category. Bring your own weapons.

**Sparring:** bring your own gear: head, hands, kicks, mouthguard and groin protector (male) are required.

**Weapons Forms:** bring your own weapon.

In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors and administrators, waive, release and discharge **ALLIANCE TOURNAMENTS** and/or it's departments, officers, agents, representatives, successors and/or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in the athletic meet, or which may arise out of my traveling to, participating in, or returning from said athletic event. Alliance Tournaments reserves the right to publish any photographs taken at the event for publicity and/or promotional purposes.

SIGNATURE (PARENT/GUARDIAN IF UNDER 18): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby give permission to the attending physician or medical personnel to treat \_\_\_\_\_ in the event of an emergency.

Insurance carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_ Signature \_\_\_\_\_

For further details please call Master Jesse Dwire, Dragon Phoenix Martial Arts, Chelmsford, MA (978) 250-1422 or Master Lenny Demers, Kenpo Academy of Self Defense, Derry, NH (603) 437-9900