

TOP 10 CHAMPIONSHIP TOURNAMENT MELVERN - AUGUST 3/4, 2024

Entry Fee -
\$100/team must be
paid before 4/27/24

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: ____ Zip: ____

City: _____ State: ____ Zip: ____

Phone: _____ SS#: _____ - _____ - _____

Phone: _____ SS#: _____ - _____ - _____

Email: _____

Email: _____

I am aware that my participation in the tournament creates the risk of serious personal injury or death and could also led to loss or damage to personal property. I expressly agree to assume all risk of injury and death and loss of personal property which may result from my participation in this tournament. In consideration for my being permitted to participate in this tournament, I HEREBY RELEASE AND DISCHARGE the tournament officers, directors, agents, sponsors and organizations from an and all liability from injury, damage or other loss sustained by me which may arise from my participation in the tournament. I also agree to submit to a Polygraph or Voice Analysis Stress Test if required. Having acquainted ourselves with the rules, we have completed this application and are enclosing our entry fee. Having acquainted ourselves with the rules, we have completed this application and are enclosing our entry fee.

Signature: _____

Signature: _____

Mail completed forms and fee to: KWA 1314 Wilshire Drive, Hutchinson, KS 67501

2024 KWA MEMBERSHIP FORM

KWA Membership \$40 per person (\$25 for each additional family member - spouse, child or grandchild)

Please write legible and fill out completely!!

Name: _____

Address: _____

City: _____ State: ____ Zip: ____

Phone: _____ SSN: _____ - _____ - _____

Email: _____

2024 KWA MEMBERSHIP FORM

KWA Membership \$40 per person (\$25 for each additional family member - spouse, child or grandchild)

Please write legible and fill out completely!!

Name: _____

Address: _____

City: _____ State: ____ Zip: ____

Phone: _____ SSN: _____ - _____ - _____

Email: _____