KWA OFFICIAL ENTRY FORM - WILSON TOURNAMENT APRIL 27/28, 2024 Entry Fee -Member \$200

Name:		Name:	Non-member \$240
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

<u>kwa official</u>	<u>. Entry form - Milford</u>	TOURNAMENT JUN	<u>NE 8/9 2024</u>	Entry Fee - Member \$200
Name:		Name:		Non-member \$240
Address:		Address:		
City:	State: Zip:	City:	State: _	Zip:
Phone:	SS#:	Phone:	SS#:	
Email:		Email:		
tournament officers, directors, agen submit to a Polygraph or Voice Ana the rules, we have completed this a	y which may result from my participation in this tournament. its, sponsors and organizations from an and all liability from in lysis Stress Test if required. Having acquainted ourselves w pplication and are enclosing our entry fee.	njury, damage or other loss sustained by me wh rith the rules, we have completed this applicati	nich may arise from my participatio	on in the tournament. I also agree to
Signature:		Signature:		
	Mail completed forms and fee to:	KWA 1314 Wilshire Drive,	Hutchinson, KS 67	501
<u>KWA OFFICIAL</u>	<u>ENTRY FORM - EL DORADO</u>) TOURNAMENT JUN	<u> E22/23, 2024</u>	Entry Fee - Member \$200
Name:		Name:		Non-member \$240
Address:		Address:		
City:	State: Zip:	City:	State: _	Zip:
Phone:	SS#:	Phone:	SS#:	
Email:		Email:		
death and loss of personal property tournament officers, directors, agen submit to a Polygraph or Voice Ana	the tournament creates the risk of serious personal injury or y which may result from my participation in this tournament. Its, sponsors and organizations from an and all liability from in Ilysis Stress Test if required. Having acquainted ourselves w pplication and are enclosing our entry fee.	In consideration for my being permitted to pa njury, damage or other loss sustained by me wł	rticipate in this tournament, I HER nich may arise from my participatic	EBY RELEASE AND DISCHARGE the on in the tournament. I also agree to
Signature:		Signature:		

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