<u>KWA OFFICIAL ENT</u>	<u>'RY FORM - I</u>	<u>Marion 1</u>	OURNAM	<u>ENT MAY 3/4, 2</u>	2025	<b>Entry Fee -</b> 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 tourna death and loss of personal property which ma tournament officers, directors, agents, sponso submit to a Polygraph or Voice Analysis Stress the rules, we have completed this application	ay result from my participatio rs and organizations from an s Test if required. Having ac	n in this tournament. In and all liability from inj quainted ourselves wit	n consideration for my be ury, damage or other loss	ing permitted to participate in thi sustained by me which may arise	is tournament, I HER from my participatic	EBY RELEASE AND DISCHARGE the on in the tournament. I also agree to
Signature:			Signature:			
Mail to: KWA 1314 Wils	hire Drive, Hutcl	hinson, KS 67	501	Enclosed check	or Venmo	o
<u>KWA OFFICIAL ENT</u>	'RY FORM - I	<u>el dorad</u>	<b>O TOUR.</b>	MAY 31/JUNE 1,	<u>, 2025</u>	<b>Entry Fee -</b> 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 tournal death and loss of personal property which ma tournament officers, directors, agents, sponsor submit to a Polygraph or Voice Analysis Stress the rules, we have completed this application a	y result from my participation rs and organizations from an Test if required. Having acc	n in this tournament. Ir and all liability from inju quainted ourselves with	n consideration for my be ury, damage or other loss	ing permitted to participate in this sustained by me which may arise	s tournament, I HERE from my participatio	BY RELEASE AND DISCHARGE the n in the tournament. I also agree to
Signature:			Signature:			
Mail to: KWA 1	314 Wilshire Driv	ve, Hutchinsc	on, KS 67501	Enclosed	check o	or Venmo
<u>KWA OFFICIAL ENTR</u>	<u> Y FORM - WI</u>	ILSON TOU	IRNAMENT	JUNE 28/29, 20	25	<b>Entry Fee -</b> 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 tourna death and loss of personal property which ma tournament officers, directors, agents, sponsor submit to a Polygraph or Voice Analysis Stress the rules, we have completed this application a	y result from my participation rs and organizations from an Test if required. Having acc	n in this tournament. Ir and all liability from inju quainted ourselves with	n consideration for my be ury, damage or other loss	ing permitted to participate in this sustained by me which may arise	s tournament, I HERE from my participatio	BY RELEASE AND DISCHARGE the n in the tournament. I also agree to
Signature:			Signature:			
Mail to: KWA 1	314 Wilshire Driv	ve, Hutchinso	on, KS 67501	Enclosed	check o	or Venmo

## KWA AWARDS BANQUET REGISTRATION FORM

Who: KWA Members, Guests and Sponsors
When: Saturday, March 1st

5:00 pm social hour 6:00 pm dinner & meeting

Where: Homebuilder's Shelter (Carey Park)
2 Emerson Loop, Hutchinson, KS 67501
Cost: \$25.00 per person

(catering provided by Carlos O'Kelly's - fajita/taco bar with chips and queso)

Please bring your own beer, tea and water will be provided.



**REGISTRATION DEADLINE:** February 15th!

Name of person(s) attending:

Mail to: KWA 1314 Wilshire Drive, Hutchinson, KS 67501

Enclosed check \_\_\_\_ or Venmo\_\_

	<b>A MEMBERSHIP FORM</b> on (\$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:						
2025 K W	A 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:	