KWA OFFICIAL ENTRY FORM – CEDAR BLUFF TOURNAMENT April 26, 2026

Entry Fee $150
Non-Member $170

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 7953 N. West St., Valley Center, KS 67147

KWA OFFICIAL ENTRY FORM – WILSON (DAY 1) TOURNAMENT May 30, 2026

Entry Fee $150
Non-Member $170

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 7953 N. West St., Valley Center, KS 67147

KWA OFFICIAL ENTRY FORM – WILSON (DAY 2) TOURNAMENT May 31, 2026

Entry Fee $150
Non-Member $170

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 7953 N. West St., Valley Center, KS 67147

KWA OFFICIAL ENTRY FORM – MILFORD TOURNAMENT June 14, 2026

Entry Fee $150
Non-Member $170

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 7953 N. West St., Valley Center, KS 67147

KWA OFFICIAL ENTRY FORM – MARION TOURNAMENT June 28, 2026

Entry Fee $150
Non-Member $170

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 7953 N. West St., Valley Center, KS 67147

KWA 2025 AWARDS BANQUET FEBRUARY 28, 2026

Who: KWA Members, Guests and Sponsors
When: Saturday, February 28th
5:00 pm social hour 6:00 pm dinner & meeting
Where: Sunflower Inn, Salina KS
2110 W. Crawford St., Salina, KS 67401
Cost: $25.00 per person
(catering provided by Hickory Hut BBQ)

REGISTRATION DEADLINE: February 15th!

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

Name of person(s) attending:

_____ _____

Mail completed forms and fee to: KWA 7953 N. West St., Valley Center, KS 67147