

YANG FAMILY TAI CHI CUP:
International Tournament of Yang Style Tai Chi Chuan
REGISTRATION FORM

Individual Registration

PERSONAL INFORMATION

First Name _____ Surname _____

Address _____ City _____

State/Prov _____ ZIP/Postal Code _____ Country _____

Gender: Male () Female () Birthday (mm/dd/yy) _____

Phone _____ Email _____

Yang Family Tai Chi Membership no: _____ YFTC Center/School _____

Where do you study tai chi chuan (name of school): _____

TOURNAMENT

\$25 USD fee per individual event

Please check the box of the event for which you are registering and fill in the corresponding fee.

Event	Division A under 20	Division B 20 - 35 years	Division C 36 - 50 years	Division D 51 - 69 years	Division E 70+	Fee
Bare Hand Form						
Yang Family Essential Form						
Simplified 24 movement						
Other Yang Style						
Tai Chi Jian (Sword Form)						
Yang Family Tai Chi Sword						
Other Yang Style Tai Chi Sword						
Tai Chi Dao (Saber)						
Yang Family Tai Chi Saber						
Other Yang Style Tai Chi Saber						
TOTAL						

Enter this total fee on your symposium registration form

YANG FAMILY TAI CHI RANKING INFORMATION

Are you applying for Ranking? Yes No

If Yes, check which Ranking level range you are applying for and enter the corresponding fee: **FEE**

Eagle Ranks = \$40 USD ranking fee	
Tiger Ranks = \$60 USD ranking fee	

Enter this fee on your symposium registration form.

If you are applying for Ranking, please fill out and send the Candidate Ranking Application Form to:

ranking@taichisymposium.com

You can download the Ranking Form at:

https://yangfamilytaichi.com/documents/Ranking_Application_form_Final_Rd_201805.pdf

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Group Registration (Complete one form per group)

GROUP EVENT REQUIREMENT

1. A tournament group needs a minimum of 6 participants and a maximum of 10.
2. Every team can participate in Hand Form and/or Sword Form and/or Saber Form.
3. Every team may has male and female participants.
4. Tournament fee: \$12USD per person per event.

2. GROUP INFORMATION

Group Name: _____

Person that is responsible for the Group: _____

Group Event: Hand Form Sword Form Saber Form

3. NAME LIST

				Fee
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
_____	_____	() ()	_____	_____
First Name	Last Name	Gender: M F	Birthday: Month Day Year	
TOTAL				_____

Enter your individual Group fee on your Symposium registration form

4. EMAIL COMPLETED TOURNAMENT REGISTRATION FORM:

tournament@taichisymposium.com

Tournament registration closing date is Apr 20, 2019.

Late forms will not be accepted.

Contact: **tournament@taichisymposium.com**