



World Sports Martial Arts Council, USA & United Nation Welfare Foundation

Presents



International Martial Arts Carnival & International Award Ceremony

FIGHTER REGISTRATION FORM

1. Name of the Applicant.....
2. Date of Birth..... Gender: Male ☐ Female ☐
3. Father's / Guardian's Name.....
4. State/ Academy.....
5. Age Category.....Weight Category.....

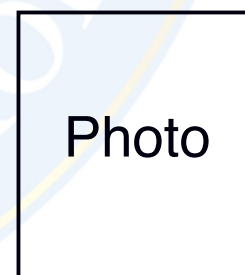
I certify that the above mentioned information are true and correct in the best of my knowledge. I shall abide by the rules & regulations of the World Sports Martial Arts Council, USA. If I get injure during the Championship no any organizer / office bearer will be responsible for it. Fee is non-refundable.

Enclosure:

1. Identity Card.
2. Two passport size photos



SCAN TO PAY



Father's / Guardian's Sign.

Participant's Sign.

For Office Use Only

Name

SI No..... Amount Received.....

Authorised Signatory