

12th TAMIL NADU STATE POOMSAE TAEKWONDO CHAMPIONSHIP - 2024

Competition Date 20th July & 21st July 2024

Venue: Bishop Heber Higher Secondary School. Theppakulam, Tiruchirappalli District

ORGANISED BY : TRICHY SPORTS TAEKWONDO ASSOCIATION

PROMOTED BY : TAMIL NADU TAEKWONDO ASSOCIATION

Regd Office: No 9, Dr. Ranga Road, Mylapore, Chennai - 600 004

Contact Address : 646/4, Govindasamy Street, Vanniyar Nagar, Periyapudur, Salem - 636016

INDIVIDUAL ENTRY FORM

POOMSAE

UNDER 14 Years

UNDER 17 Years

Gender

: MALE

FEMALE

Name of The District

:

NAME (in capital letter)

:

Date of Birth

:

AGE

Parent / guardian name

:

Name of the club

:

Address with Mobile No

:

Present belt grade

:

Copy of corporation / municipal / school date of birth certified should be enclosed compulsory.

DECLARATION

I, the undersigned do hereby solemnly affirm, declared and confirm for myself, my heirs, executors & administrators that I indemnify the promoters / organiser / sponsors & its members, officials, participants etc., holding myself personally responsible for all damages, injuries of accidents, claims, demands etc., waiving all prerogative rights, whatsoever related to the above set forth event.

Signature of the Parent / Guardian

Signature of the Participant

Signature of the President / Secretary, District Taekwondo Association/Organization with Seal

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PAIR POOMSAE ENTRY FORM

UNDER 14 Years

UNDER 17 Years

Name of The District : _____

Name of the club : _____

Name Of the Male Player : _____

Date of Birth : _____

Present Belt Grade : _____

Male
Player
Passport
size photo

Name Of the Female Player : _____

Date of Birth : _____

Present Belt Grade : _____

Female
Player
Passport
size Photo

Address : _____

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Signature of the Parent / Guardian

Signature of the Participant

Signature of the President / Secretary, District Taekwondo Association/Organization with Seal

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GROUP POOMSAE ENTRY FORM

Gender : UNDER 14 Years UNDER 17 Years
 MALE FEMALE

Name of The District : _____
Name of the club : _____

Name Of the Player : _____	<input type="text"/>
Date of Birth : _____	
Present Belt Grade : _____	
Name Of the Player : _____	<input type="text"/>
Date of Birth : _____	
Present Belt Grade : _____	
Name Of the Player : _____	<input type="text"/>
Date of Birth : _____	
Present Belt Grade : _____	

Copy of corporation / municipal / school date of birth certified should be enclosed compulsory.

DECLARATION

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Signature of the Parent / Guardian

Signature of the Participant

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