

# AKA



## AMERICAN OPEN MARTIAL ARTS CHAMPIONSHIPS

1220 Rosecrans St., Suite 952

San Diego, Ca 92106

Phone 619-208-3013, Fax 619-224-3683

joe@akaamericanopen.com

### Volunteer Registration

Please arrange to attend at least one of the volunteer training workshops. Please check the web site [www.akaamericanopen.com](http://www.akaamericanopen.com) for the workshop schedule and updates. Volunteers dedicated to the excellence of this sport with the sincere appreciation for its participants and spectators makes the difference between a competition and a sports event. Please help us make this a truly magnificent Martial Arts sports event. Volunteers will be listed on the web site. If you want to help, but NOT be listed, check here . PLEASE FAX TO: 619-224-3683 or mail to the address above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I Will Be Competing in the Tournament

I Have friends / family Competing in the Tournament

I Have students Competing in the Tournament

My shirt size is: \_\_\_\_\_

I Am Available to help:  Friday Evening  Saturday  Both

My rank is (optional): \_\_\_\_\_ Style(s): \_\_\_\_\_

My school is: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

My instructor(s): \_\_\_\_\_

I want to help with the following :  Distributing Promotional Materials

Registration  Reception/Host  Event Setup  Administration

General Staff  Event Committee Other: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Please fill out this form as completely as possible, then fax, email or mail it to us using the contact information above