OPEN BREAKING CIRCUIT
EVENT REGISTRATION FORM

Applicant Information

Name: _____
Address: _____
_____
City: _____
State: _____ Zip: _____
Age: _____ Gender: M / F
Phone: ( ) -
WSBBA Member ID#: _____
Current WSBBA Breaking Rank: _____

Division: (check one)
- ☐ Junior (7 – 11)
- ☐ Youth (12 – 15)
- ☐ Young Adult (16 – 18)
- ☐ Adult (19 – 34)
- ☐ Senior Adult (35 - 44)
- ☐ Super Senior Adult (45 +)

Event Name: _____
Event Date/Location: _____

Competition Results:

Event:		Time____	Result:
Event:		Time____	Result:
Event:		Time____	Result:
Event:		Time____	Result:
Event:		Time____	Result:
Event:		Time____	Result:
Event:		Time____	Result:

I, or my child, submit this Event Registration Form to the Open Breaking Circuit (hereinafter "O.B.C."), indemnifying, defending, and holding harmless the O.B.C. against any claims for injuries or illness which are directly or indirectly caused as a result of my or my child's participation in any and all O.B.C. activities, programs, and events. I also certify that this Registration Form and all accompanying materials to be submitted to substantiate the Application are factual, accurate, and complete. Furthermore, I understand and acknowledge that the award of any competition or tournament place, standing, prize or ranking based on this Registration Form is at the sole discretion of the O.B.C. and that my failure to submit on a timely basis any information required by the O.B.C. may result in the rejection of this Registration. Further, I understand that the Registrant shall be responsible for the purchase and delivery of all breaking materials (e.g. bricks, spacers, block) unless prior arrangements have been made with the O.B.C..

_____ _____ _____

Printed Name (Parent or Guardian If individual is a Child) | Signature | Date

O.B.C.
8217 Essex
Warren, MI 48089
(586) 222-4361

		Price	Paid
☐	Competition Fee	$30.00	
☐	Bricks (if purchased thru the O.B.C.):		
☐	____ Bricks x $2.00 each =	$	

Method of Payment

- ☐ Cash
- ☐ Money Order # _____

Subtotal: _____
Tax: _____
Total: _____

Office Use Only

Member ID#: _____
Event Location: _____
Amount Enclosed: _____
O.B.C. Rep.: _____
Date: _____

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