



WORLD SPEED BRICK BREAKING ASSOCIATION

APPLICATION FOR LEVEL OR RECORD



Applicant Information

Name: _____	Division: <input type="checkbox"/>	Junior (7 - 11)
Address: _____	(check one) <input type="checkbox"/>	Youth (12 - 15)
	<input type="checkbox"/>	Young Adult (16 - 18)
City: _____	<input type="checkbox"/>	Adult (19 - 34)
State: _____ Zip: _____	<input type="checkbox"/>	Senior Adult (35 - 44)
Age: _____ Gender: _____ M / F	<input type="checkbox"/>	Super Senior Adult (45 +)
Phone: _____ () - _____	Event Name: _____	
Member ID#: _____	Event Date/Location: _____	
Current Breaking Rank: _____		

Record/Level Attempted:

<input type="checkbox"/> Level I (10 - max. 10 sec.)	Time _____	Type of Strike (Check One):
<input type="checkbox"/> Level II (30 - max. 10 sec.)	Time _____	<input type="checkbox"/> Hammerfist
<input type="checkbox"/> Level III (50 - max. 10 sec.)	Time _____	<input type="checkbox"/> Open Hand
<input type="checkbox"/> Black (1 st) (100 - max. 12 sec.)	Time _____	<input type="checkbox"/> Punch
<input type="checkbox"/> Black (2 nd) (150 - max. 22 sec.)	Time _____	<input type="checkbox"/> Black (5 th) (300 - max. 40 sec.)
<input type="checkbox"/> Black (3 rd) (200 - max. 25 sec.)	Time _____	<input type="checkbox"/> Black (6 th) (350 - max. 45 sec.)
<input type="checkbox"/> Black (4 th) (250 - max. 35 sec.)	Time _____	<input type="checkbox"/> Black (7 th) (400 - max. 60 sec.)
		Time _____

I, or my child, submit this Application for Record to the World Speed Brick Breaking Association (hereinafter "W.S.B.B.A."), indemnifying, defending, and holding harmless the W.S.B.B.A. 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 W.S.B.B.A. activities, programs, and events. I also certify that this Application and all accompanying materials to be submitted to substantiate the Application are factual, accurate, and complete. Furthermore, I understand and acknowledge that the award or denial of a record based on this Application is at the sole discretion of the W.S.B.B.A. and that my failure to submit on a timely basis any information required by the W.S.B.B.A. may result in the rejection of this Application. Further, I understand that the Applicant 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 W.S.B.B.A..

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

Signature

Date

W.S.B.B.A.
 8217 Essex
 Warren, MI 48089
 (586) 222-4361

Office Use Only	
Member ID#:	_____
Event Location:	_____
Amount Enclosed:	_____
W.S.B.B.A. Rep.:	_____
Date:	_____

	Price	Paid
<input type="checkbox"/> Application Fee - Level I	\$50.00	_____
<input type="checkbox"/> Application Fee - Level I w/stripe	\$50.00	_____
<input type="checkbox"/> Application Fee - Level II	\$50.00	_____
<input type="checkbox"/> Application Fee - Level III	\$75.00	_____
<input type="checkbox"/> Application Fee - 1 st Dan	\$200.00	_____
<input type="checkbox"/> Application Fee - 2 nd Dan	\$225.00	_____
<input type="checkbox"/> Application Fee - 3 rd Dan	\$250.00	_____
<input type="checkbox"/> Application Fee - 4 th Dan	\$300.00	_____
<input type="checkbox"/> Application Fee - 5 th Dan	\$350.00	_____
<input type="checkbox"/> Application Fee - 6 th Dan	\$400.00	_____
<input type="checkbox"/> Application Fee - 7 th Dan	\$450.00	_____
Method of Payment		Subtotal: _____
<input type="checkbox"/> Cash		Tax: _____
<input type="checkbox"/> Money Order #		Total: _____