

## Meijin Application

Name:

Address:

City

State

Zip

Phone:

Email:

Birth date:

Shirt Size:

Bandai ID#:

(Leave Blank If you don't have one and one will be assigned to you)

## Tournament Venue Information

Name:

Address:

City

State

Zip

Phone:

Website:

Venue Contact(Name):

Please email both the Liability Form and this Meijin Application to:

Kim.logie@gmail.com

Fax an additional copy of the Liability Form to:

714-828-1588 Attention: Allison Ruiz