

CACMA Registration

Name: _____

Address:

Style and Sifu Name: _____

School Address and

Phone#: _____

Phone# : _____

Email: _____

Division Number(s): _____

Cost is \$45 for CACMA members, \$55 for non-members \$65 on the day of the event.

Total Enclosed: _____

Please make all checks payable to CACMA. Refunds are only given prior to 30 days to the event. Mail registration and payment to:

CACMA

PO Box 23043

Charlotte NC 28227