

# USA MARTIAL ARTS ASSOCIATION PRODUCER'S APPLICATION

Note: New tournament applicant please read the attached requirements.

(Please print or type)

1. PERSONAL INFORMATION – (Please list address and phone number you use on fliers.

1a – NAME \_\_\_\_\_

1b – PHONE ( ) \_\_\_\_\_

1c – MAILING ADDRESS – Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

2. EMPLOYMENT INFORMATION

2a - BUSINESS OR EMPLOYER \_\_\_\_\_

2b – PHONE ( ) \_\_\_\_\_

2c – MAILING ADDRESS – Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

3. MARTIAL ARTS BACKGROUND

3a – PRESENT SYSTEM STUDIED \_\_\_\_\_

3b – RANK \_\_\_\_\_

\_\_\_\_\_ Student \_\_\_\_\_ Instructor \_\_\_\_\_ School Owner

Other background (previous systems, martial arts associations

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4. TOURNAMENT BACKGROUND:

\_\_\_\_\_ Current Sanctioned USA Martial Arts Association Licensed Producer

If currently sanctioned:

TOURNAMENT NAME: \_\_\_\_\_

USA MARTIAL ARTS ASSOCIATION RATED: \_\_\_\_\_

TOURNAMENT DATE: \_\_\_\_\_ Saturday of \_\_\_\_\_  
1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> month

USA MARTIAL ARTS ASSOCIATION CALENDAR DATE:

\_\_\_\_\_ This way my \_\_\_\_\_ annual.

\_\_\_\_\_ Application for 1<sup>st</sup> year USA Martial Arts Association Licensed Producer.

5. REFERENCES: (Must be filled out, if applying for 1<sup>st</sup> year sanctioning.)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip

6. TOURNAMENT DATE REQUESTED ON USA MARTIAL ARTS ASSOCIATION CALENDAR \_\_\_\_\_ / \_\_\_\_\_ RATED: \_\_\_\_\_

Note: Remember to count Saturdays on the calendar. Don't assume the same date.

Form and sanctioning fee must be received by October 1<sup>st</sup> to reserve calendar date.

Return form and fee to: USA Martial Arts Association  
3838 Woodland Hills Dr.  
Kingwood, Tx 77339

(Send: Certified Mail, Return Receipt Requested – USA Martial Arts Association s not responsible for late or lost mail.)

I certify that the above information is correct, and that I have familiarized myself with USA Martial Arts Association rules, and Sanctioning requirements, and will assume full responsibility for their enforcement at my tournament. I also acknowledge that attendance of the USA Martial Arts Association Licensed Producers meeting in November is mandatory.

\_\_\_\_\_  
Licensed Producer Signature

\_\_\_\_\_  
Co-Producer (if applicable)

\_\_\_\_\_  
Date