



USTF-UTAH®

Presents:

A USTF Sanctioned Tournament



The 16th ANNUAL
UTAH CUP TOURNAMENT

Sponsored by: USTF-UTAH
(Open to USTF Members and Special Invited Guests Only)

DATE:

Saturday May 15, 2010

LOCATION:

Northwest Multipurpose Center
1300 West 300 North
Salt Lake City, Utah 84116

Tournament Director: Mr. William Dubbeld, VI
Chief Referee: Mr. Chris Wadium, V

Competition in:

INDIVIDUAL: Patterns, Sparring, Breaking (13 yr min)

AND

TEAM Breaking - 5 members, \$25.00 per team

USTF/ITF Rules will apply to all events

Entrance Fees:

All spectators \$2.00

Competitors pre-registering by May 7, 2010:

One event
\$25.00

Two Events
\$30.00

Competitors registering at the door:

One event
\$30.00

Two Events
\$35.00

Schedule of Events:

8:15 a.m. - Check-In Begins

All competitor registration forms must be submitted for bracketing prior to rules meeting.

Bracketing may be modified to accommodate the variety of competitors at the discretion of the Tournament Director.

This may include, but is not necessarily limited to:
Combining similar ranks, weights, and/or age brackets.

9:00 a.m. - Rules Meeting

Note: HEAD GEAR is mandatory for Sparring.

9:15 a.m. – Colored Belt Competition Begins

Followed by Black Belt Competition

And Team Breaking At End

(Schools may enter more than one team for Team Breaking.)

NOTE: SPARRING POINT UPDATE

Continuous Sparring Point Values to Follow the Updated USTF System

Sparring point values have been simplified into three basic technique categories:
Hand, Body Kicks, & Head Kicks

1 point for ANY Legal “Hand” Technique (standing or flying, body or head).

2 points for ANY Legal “Kick to the Body” (standing or flying).

3 points for ANY Legal “Kick to the Head” (standing or flying).

The Sponsor will keep tally of total School points to be awarded as follows:

15 points for each 1st place finish

10 points for each 2nd place finish

5 points for each 3rd place finish

Grand Champion School Trophies will be presented by:

Tournament Director:

Mr. William Dubbeld, VI Dan



2010 Utah Cup Tournament

May 15, 2010



**Sponsored by
United States Taekwon-Do Federation of Utah**

Competitor Registration

Make Checks payable to and Send forms and payments to:

USTF-UTAH
3107 South Lincoln Street
Salt Lake City, UT 84106
Phone: 801-633-6909 or 801-550-4714

Competitor Name: _____ USTF No: _____
 Address: _____
 City/State/Zip: _____
 Email Address: _____
 Rank: _____ Contact Phone #: () - _____
 TKD School: _____
 Age: _____ Sex: Male / Female Height: _____ ft. _____ in. Weight: _____ lbs.

Events Entered:

P <input type="checkbox"/> S <input type="checkbox"/> B <input type="checkbox"/> For bracketing use only	<input type="checkbox"/> Patterns Only (Pre-registered \$25; at the door \$30) <input type="checkbox"/> Sparring Only (Pre-registered \$25; at the door \$30) <input type="checkbox"/> Patterns & Sparring (Pre-registered \$30; at the door \$35) <input type="checkbox"/> Breaking, Individual (Pre-registered \$7; at the door \$10) (Team Breaking: Register and fill out a separate form the day of the tournament)	(\$) (\$) (\$) (\$)	Total: (\$)	
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For use of individual accepting fees:

Amount Paid: _____ Date: _____ Received By: _____

I understand that there are certain risks involved with Taekwon-Do competition and that reasonable efforts will be made to prevent injury or accident. I certify that I am in good physical condition and that **I am covered by a personal health insurance policy in the event of injury.** I hereby release the organizers, fellow competitors, judges and officials, sponsors, advertisers, the United States Taekwon-Do Federation and its officers, USTF-Utah and its officers, and the owners of the facilities where the tournament is held, from any and all liability for injuries sustained while participation in or watching this tournament. I also release any photographs or videotape taken of me during this event to be used by the sponsors for Taekwon-Do related publicity, and waive all claims for compensation for the use of said photographs or videotape.

Personal Health Insurance Coverage Provided by: (Company Name) _____

Dated this _____ day of _____ 2010.

 Competitor's Signature

 Signature of Parent if Competitor is under 18 years of age