



MASTERS:	<input type="checkbox"/>	NAME:	_____				
SENIOR:	<input type="checkbox"/>	U-20:	<input type="checkbox"/>	CLUB:	_____		
U-17:	<input type="checkbox"/>	U-15:	<input type="checkbox"/>	GRADE:	_____ J.O. # _____		
U-13:	<input type="checkbox"/>	U-11:	<input type="checkbox"/>	WEIGHT:	<input type="text"/>	OFFICIAL WEIGHT:	<input type="text"/>
U-9:	<input type="checkbox"/>	U-7:	<input type="checkbox"/>	PAID:	\$ <input type="text"/>	OFFICIAL:	_____
SEX (M/F):	<input type="checkbox"/>	EVENT: TAFU JUDO CLUB WINTER SHIAI					
D.O.B:	_____						



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