



IMAF Volunteer Application

Name _____ Age _____ Birthdate _____
 Address _____ City _____ State _____ Zip _____
 Day Phone _____ Eve.# _____ Fax _____
 Email _____ Other Contact _____
 Style _____ Years Training _____ Rank _____ **If**

different then above or if you are not the owner, please fill out the following:

Martial Arts School _____ Head Instructor/Owner _____
 Address _____ City _____ State _____ Zip _____
 Day Phone _____ Eve.# _____ Fax _____
 Email _____ Other Contact# _____

IMAF Credential & T-shirt are non-transferable & may be revoked if the Regulations governing The International Martial Arts Festival are not followed. If asked to fill a certain position and you refuse, you will be asked to leave the event floor & must pay to re-enter the event.

VOLUNTEER INFO

What is your T Shirt Size: small medium Large XL XXL

What Discipline(s)/Championship(s) are you applying for _____

What Position are you Applying for: ___Scorekeeper ___ Registration ___ Awards ___ Ambassador

Have you done this before: ___Yes ___No, If not, would you be willing to attend a Training Class: ___Yes ___No

Is your child or family member competing: ___yes ___No, If yes, What age: _____ Experience level: _____

If no, do you have an Age Group preference: _____, Experience Level _____

What Days & Times are you available: Any Comments: _____

Friday, 10/29 from _____ to _____

Saturday, 10/30 from _____ to _____

Sunday, 10/31 from _____ to _____

REFEREE INFO

What Discipline _____ What is your current certification: _____

Have you Refereed at a National Event before: ___yes ___no, If yes, what position; _____

Do you have an Age Group preference: _____, Experience Level _____

What Days & Times are you available: Any Comments: _____

Friday, 10/16 from _____ to _____

Saturday, 10/17 from _____ to _____

10/18 from _____ to _____

_____ Sunday,

If you have any questions, Please contact your discipline Coordinator or call 407-897-6856 or email:

info@employeetravel.com