Entry Form of the 8th Zhengzhou China International Shaolin Wushu Festival (I—1)

Delegation:				Team Le	ader		Date					
NO				Sha	aolin Compul		Shaolin Dual Events					
		Event	Shaolin	Shaolin dao	Shaolin	Shaolin gun	Shaolin qiang	Liuhequan		Liuheqiang	Liuhegun	
	Name	Gender Age group	quan		jian	Bun	Januari quing	Erba	Tida	Drunequing	Ziunegun	
1												
2												
3	4)											
4				8								
5												
6												
7					•							
8												
9												
10												

Note: 1. Please tick in the appropriate box to indicate your choice of event 2. Please indicate your age group with letter A-E

3. Telephone No.:

Contact Person:

Entry Form of the 8th Zhengzhou China International Shaolin Wushu Festival (I—2)

Delegation:								Team Leader Team Coa							ach Date					
No											Tradi	tional Sh	aolin Event	es .						
	Event Name Gender Age group						Qua	anshu	Apparatus											
			Hongq -uan	Luoha- n quan	Pao- quan	Chang- huxiny imen	Qixing quan	Meihu -aquan	Chaoy -angqu an	Tongbi -quan	Taizuc -hangq -uan	Other quanshu events	Short apparatus	Long apparatus	Double apparatus	Soft apparatus	Other apparatu			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				

Note: 1. Please tick in the appropriate box to indicate your choice of event 2. Please indicate your age group with letter A-E 3. Please write your event in box

"Other Quanshu Events" and "Other Apparatus"

4. Telephone No.:

Contact Person:

Entry Form of the 8th Zhengzhou China International Shaolin Wushu Festival (II)

Delegation:				Team Leader Team Coach_										Date					
	Event		International Compulsory Taolu Competition Events											Other Events					
No				Cha	angquan	class		Na	Nanquan class Taijiquan			uan class			Dual events				
No			Chang quqan	Jian- shu	Da o- s hu	Qian- gshu	Gun- shu	Nan- quan	Nan- dao	Nan- gun	42forms taijiquan	42 forms taijijian	Traditional quanshu	Traditional apparatus	Event	Train- Ing	Group events		
	Name Gender A	ge group														partner			
1																			
2																			
3																			
4																			
5																			
6																			
7				10000															
8																			

Note: 1. Please tick in the appropriate box to indicate your choice of event 2. Please indicate your age group with letter A-E 3. Please write your event in box "Other Events" 4. Telephone No.:

Contact Person: