

Personal Information

*Competitor's Full Name:			
Preferred Stage Name:			
*Mailing Address:			
*Birth Date:	*Tele	lephone Number:	-
Email Address:			
	Emergeno	cy Information	
*Emergency Contact #1:		Telephone Number:	
Relationship:		Telephone Number:	
Emergency Contact #2:			
Polationship:		Telephone Number:	
netationsinp		Tetephone Number:	
*Insurance Provider:	Pol	olicy Number:	
Primary Care Physician:	Tel	lephone Number:	
	Vaitaimi (Male	Pivision Intermediate; Ages 11-17)	
 -	_ Matua (Male S	Seniors; Ages 18 and over)	
Registration fee: \$80 until Ma	y 13, 2023 then	n goes up to \$150. Registration closes May 27, 2	2023.
*Checks can be made pay		'I ISLAND PACIFIC & ASIA CULTURAL CELEBRATIONS at www.HiKuauli.com	
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Signature of Registering Competior	Date	Signature of Parent or Guardian (If under 18 vrs of age) Date	