



# PARTICIPANT ENTRY FORM "BIG EAST XVII" Taekwondo Championships

SUNDAY, APRIL 25, 2010

### \*\*\*EVENTS\*\*\*

\*\*PLEASE CHECK ALL APPROPRIATE SPACE, AND TYPE OR PRINT CLEARLY.

<b>WTF</b> FORMS: _____	<b>OPEN &amp; WEAPONS</b> FORMS: _____	<b>FREE</b> SPARRING: _____	<b>Free-Style</b> BREAKING: _____
Total Events: _____		Total Amount Due: \$ _____	

**Pre-Registration Fees: \$80.00 One Event \$20.00 Each Additional Event**

**PRE-REGISTRATION DEADLINE: Must be Received by Monday, April 19, 2010**

**LATE REGISTRATION DEADLINE: \$90.00 One Event \$25.00 Each Additional Event. Must be Received by Friday, April 23, 2010**  
**DOOR REGISTRATION FEES: \$100.00 for One Event! \$30.00 Extra for ONE Additional Event. CASH ONLY! (TWO EVENTS MAXIMUM)**  
**AT DOOR EVENT ADD-ON: \$20.00 PER EVENT (CASH ONLY). AT DOOR STATUS CHANGE: \$30.00 PER CHANGE (CASH ONLY) (AGE, RANK, EVENT)**  
**SORRY. NO REFUNDS, TRANSFERS AND/OR CREDITS CAN BE MADE UNDER ANY CIRCUMSTANCES.**

### \*\*\* PARTICIPANT INFORMATION \*\*\*

\*\*\*ALL COMPETITORS MUST COMPLETE THIS SECTION ACCURATELY AND COMPLETELY IN ORDER TO PARTICIPATE.  
YOUR MEDICAL INSURANCE NAME & NUMBER \_\_\_\_\_

Name _____	Gender: MALE _____ FEMALE _____
DATE OF BIRTH: ____/____/____	AGE: ____ HEIGHT: ____' ____" WEIGHT: ____ LBS.
BELT (Specify Color Only): _____	DAN (Black Belts Only): _____

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TEL.: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

### \*\*\* SCHOOL & INSTRUCTOR INFORMATION \*\*\*

SCHOOL NAME: \_\_\_\_\_ TEL.: (\_\_\_\_) \_\_\_\_\_  
INSTRUCTOR'S NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ DAN \_\_\_\_\_  
SCHOOL ADDRESS (IN FULL): \_\_\_\_\_

### \*\*\* PAYMENT INFORMATION \*\*\*

**MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: "JI HO CHOI TKD"**  
**SEND ALL PAYMENTS TO: Grand Master Ji Ho Choi**  
**1109 Edgewood Lane, Fort Lee, NJ 07024**

(PLEASE CHECK ONE) **CONVENIENT PHONE REGISTRATION IS AVAILABLE BY CALLING (908) 901-9919**  
CASH \_\_\_\_\_ MONEY ORDER/CASHIER'S CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_  
(NO PERSONAL CHECKS) (\$5.00 PROCESSING FEE)  
VISA ( ) MASTERCARD ( ) AMEX ( ) ACCOUNT NO.: \_\_\_\_\_ EXP. DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_  
CARD HOLDER'S ADDRESS AND TEL #: \_\_\_\_\_

CARDHOLDER'S NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
\*\*\*SORRY, NO REFUNDS, TRANSFERS, AND/ OR CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.\*\*\*

### \*\*\*EMERGENCY CONTACT PERSON\*\*\*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TEL.# (\_\_\_\_) \_\_\_\_\_

**For Further Assistance, Please Call: (908) 901-9919 / FAX. (201) 224-5768 OR, Visit [www.jihochoi-tkd.com](http://www.jihochoi-tkd.com)**

**Please sign the waiver form on the reverse side!!!**