

OFFICIAL COACH REGISTRATION FORM *2009 "GARDEN STATE CUP XIII"*

Taekwondo Championships
Sunday, November 08, 2009

PLEASE READ THE GENERAL INFORMATION PACKAGE CAREFULLY BEFORE COMPLETING.
(PLEASE BE SURE TO INCLUDE ONE I.D. SIZE PHOTO OF YOURSELF)
All complementary coach pass request (10 athlete per one coach) must complete a coach pass and attach it to ten athlete registration.

ATTACH
ID SIZE
PHOTO
HERE

NAME: _____

ADDRESS : _____

CITY/TOWN : _____ STATE : _____ ZIP CODE : _____

TELEPHONE # : () _____

DATE OF BIRTH : ____/____/____ AGE : _____ GENDER : MALE _____ FEMALE _____

TAEKWONDO RANK(IF NONE SPECIFY RELATIONSHIP TO ATHLETE) : _____

REFEREE CERTIFICATION RANK & NUMBER IF ANY: _____

SCHOOL: _____ SCHOOL PHONE # : () _____

MASTER/INSTRUCTOR'S NAME : _____

COACH PASS: \$50.00

DEADLINE: Monday, November 02, 2009

DOOR FEE \$60.00 CASH. MUST HAVE PHOTO

REFUNDS CANNOT BE MADE UNDER ANY CIRCUMSTANCES

METHOD OF PAYMENT

MONEY ORDER/CASH(NO PERSONAL CHECKS PLEASE) _____ CREDIT CARD _____

PLEASE CHECK ONE : VISA _____ MASTER _____ AMERICAN EXPRESS _____
ALL FAXED AND/OR CREDIT CARD APPLICATIONS WILL BE CHARGED AN ADDITIONAL \$5.00 PROCESSING FEE

CREDIT CARD ACCOUNT NUMBER: _____ EXPIRATION DATE: ____/____/____

CARD HOLDER'S
ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

CARD HOLDER'S PHONE # : () _____ CARD HOLDER'S NAME (PRINT): _____

CARD HOLDER'S SIGNATURE

DATE

MAKE MONEY ORDERS PAYABLE TO: "Ji Ho Choi TKD"

**PLEASE SEND ALL APPLICATION AND FEES TO: JIHO CHOI TAEKWONDO INSTITUTE
3900 BERGENLINE AVENUE, 2nd FL.
UNION CITY, NJ 07087**

PLEASE SIGN THE WAIVER FORM ON THE REVERSE SIDE!

For Assistance, Please Call: (201) 863-8282 Fax: (201) 863-5133, or visit www.jihochoi-tkd.com