

# PARTICIPANT ENTRY FORM

## 2009 "GARDEN STATE CUP XIII" Taekwondo Championships

SUNDAY, NOVEMBER 08, 2009

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

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

<b>WTF</b> <b>FORMS:</b> _____	<b>OPEN</b> <b>FORMS:</b> _____	<b>FREE</b> <b>SPARRING:</b> _____	<b>Free-Style</b> <b>BREAKING:</b> _____
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, November 02, 2009**

**LATE REGISTRATION DEADLINE: \$90.00 One Event \$25.00 Each Additional Event. Must be Received by Friday, Nov. 06, 2009**

**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 / 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.

MEDICAL INSURANCE NAME & NUMBER: \_\_\_\_\_

<b>Name</b> _____	<b>Gender:</b> MALE _____ FEMALE _____
<b>DATE OF BIRTH:</b> ____/____/19	<b>AGE:</b> ____ <b>HEIGHT:</b> ____' ____" <b>WEIGHT:</b> ____ LBS.
<b>BELT (Specify Color Only):</b> _____	<b>DAN (Black Belts Only):</b> _____

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: Ji Ho Choi Taekwondo Institute.**

**3900 Bergenline Ave. 2<sup>nd</sup> FL., Union City, NJ 07087**

(PLEASE CHECK ONE) **CONVENIENT PHONE REGISTRATION IS AVAILABLE BY CALLING (201) 863-8273**

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: (201) 863-8282 / FAX. (201) 863-5133 OR, Visit [www.jihochoi-tkd.com](http://www.jihochoi-tkd.com)**

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