



OFFICIAL COACH REGISTRATION FORM 2016 "GARDEN STATE CUP XX"

Taekwondo Championships
Sunday, November 06, 2016

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: \$80.00

DEADLINE: Monday, October 31, 2016

DOOR FEE \$100.00 CASH. MUST HAVE PHOTO

REFUNDS CANNOT BE MADE UNDER ANY CIRCUMSTANCES

CONVENIENT ON-LINE REGISTRATION IS AVAILABLE AT www.jihochoi-tkd.com

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: Grand Master JI HO CHOI

4 Brook Lane

Plainfield, NJ 07060

PLEASE SIGN THE WAIVER FORM ON THE REVERSE SIDE!

For Assistance, Please Call: (908) 901-9919 Fax: (908) 901-9920, or visit www.jihochoi-tkd.com