

DEMO TEAM FORM

2016 "GARDEN STATE CUP XX" Taekwondo Championships

SUNDAY, November 06, 2016

Total Members on Roster: _____	Total Amount Due: \$ _____
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All Tournament Approved Regulation Demo Breaking Boards must be pre-ordered through Garden State Cup

Pre-Registration Fees: \$300.00 Per Team

PRE-REGISTRATION DEADLINE: Must be Received by Monday, October 31, 2016

All Teams Must Be Pre-Approved for Registration By the Event Director.

SORRY. REFUNDS, TRANSFERS AND/OR CREDITS WILL NOT BE MADE UNDER ANY CIRCUMSTANCES.

*** TEAM INFORMATION ***

Team Name _____	Dojang/School Affiliation: _____	
Master Instructor: _____	Coach: _____	
Dojang Address: _____		
City: _____	State: _____	Zip: _____
Dojang/School Phone: (____) _____	Email: _____	
Master's Cell Phone: (____) _____	Coach's Cell Phone: (____) _____	

Team Roster

#	Name in Full	Gender	Age	Rank	#	Name in Full	Gender	Age	Rank
1					9				
2					10				
3					11				
4					12				
5					13				
6					14				
7					15				
8									

*** PAYMENT INFORMATION ***

MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: "JI HO CHOI TKD"

SEND ALL PAYMENTS TO: **Grand Master Ji Ho Choi**

4 Brook Lane, Plainfield, NJ 07060

(PLEASE CHECK ONE)

CASH _____

MONEY ORDER/CASHIER'S CHECK _____
(NO PERSONAL CHECKS)

CREDIT CARD _____
(\$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.

For Further Assistance, Please Call: (908) 901-9919 / FAX. (908) 901-9920 or, Visit www.jhc-tkd.com

All Team Members Must Submit a Waiver Form Attached to this Registration Form.