



# PARTICIPANT ENTRY FORM "BIG EAST XXIV" Taekwondo Championships

SUNDAY, April 30, 2017

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

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

<b>WTF</b> <b>FORMS:</b> _____	<b>OPEN &amp; WEAPONS</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: \$100.00 One Event \$20.00 Each Additional Event**

**PRE-REGISTRATION DEADLINE: Must be Received by Monday, April 24, 2017**

**LATE REGISTRATION DEADLINE: \$110.00 One Event \$25.00 Each Additional Event. Must be received by Friday, April 28, 2017**

**DOOR REGISTRATION FEES: \$120.00 for One Event! \$30.00 Extra for ONE Additional Event. CASH ONLY! (TWO EVENTS MAXIMUM)**

**AT DOOR EVENT ADD-ON: \$40.00 PER EVENT (CASH ONLY). AT DOOR STATUS CHANGE: \$40.00 PER CHANGE (CASH ONLY) (AGE, RANK, EVENT)**

**SORRY. REFUNDS, TRANSFERS AND/OR CREDITS WILL NOT 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 COLOR (NO STRIPES): _____	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**

**4 Brook Lane, Plainfield NJ 07060**

(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 WILL APPLY)  
 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. (908) 901-9920 OR, E-mail at jihochoitkdinst@gmail.com**

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