



OFFICIAL COACH REGISTRATION FORM
2017 "BIG EAST XXIV"
TAEKWONDO CHAMPIONSHIPS
Sunday, April 30, 2017

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
One 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) : _____

SCHOOL: _____ SCHOOL PHONE # : () _____

MASTER'S / INSTRUCTOR'S NAME : _____

COACH PASS: \$80.00

DEADLINE: Friday, April 28, 2017

DOOR FEE \$100.00 CASH. MUST HAVE A PHOTO
REFUNDS WILL NOT 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: Grand Master JI HO CHOI
4 Brook Lane
Plainfield, NJ 07060

PLEASE SIGN THE WAIVER FORM ON THE REVERSE SIDE!

For Assistance, Call: (908) 901-9919 / Fax: (908) 901-9920, or E-mail at jihochoitkdinst@gmail.com