

ATHLETE ENTRY FORM

2017 "GARDEN STATE CUP XXI" Taekwondo Championships

SUNDAY, November 05, 2017

EVENTS

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

WTF FORMS: _____	Free SPARRING: _____	Free Style BREAK: _____	OPEN FORMS: _____
	Speed KICK: _____	Height BREAK: _____	Distance BREAK: _____
Total Events Entered: _____		Total Amount Due: \$ _____	

**All Tournament Approved Regulation Size Breaking Boards must be purchased at the Venue prior to Breaking Competition.

Pre-Registration Fees: \$100.00 One Event \$20.00 Each Additional Event

PRE-REGISTRATION DEADLINE: Must be Received by Monday, October 30, 2017

LATE REGISTRATION DEADLINE: \$110.00 One Event \$25.00 Each Additional Event. Must be Received by Friday, November 03, 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: \$30.00 PER CHANGE (CASH ONLY) (AGE, RANK, EVENT)

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

CONVENIENT PHONE REGISTRATION IS AVAILABLE BY CALLING 908.901.9919

*** PARTICIPANT INFORMATION ***

***ALL COMPETITORS MUST COMPLETE THIS SECTION ACCURATELY AND COMPLETELY IN ORDER TO PARTICIPATE.

MEDICAL INSURANCE CARRIER & NUMBER: _____

Name _____	Gender: MALE _____ FEMALE _____
DATE OF BIRTH: ____/____/19____	AGE: _____ HEIGHT: _____' _____" WEIGHT: _____ LBS.
BELT COLOR (no stripes): _____	(Black Belts Only): _____ DAN

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)

CASH _____ MONEY ORDER/CASHIER'S CHECK _____ CREDIT CARD _____
(Please DO NOT send Cash through mail) (NO PERSONAL CHECKS) (\$5.00 Convenience fee will be applied)

VISA () MASTERCARD () AMEX () ACCOUNT NO.: _____ EXP. DATE : ____/____/____

BILLING ADDRESS & TEL #: _____

CARDHOLDER'S NAME (PRINT) _____ SIGNATURE _____ DATE _____

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EMERGENCY CONTACT PERSON

NAME: _____ RELATIONSHIP: _____ TEL.# (____) _____

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

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