



OFFICIAL COACH REGISTRATION FORM 2017 "GARDEN STATE CUP XXI"

Taekwondo Championships
Sunday, November 05, 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 this Official Coach Registration Form and attach it to ten Athlete Registration Form.

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 30, 2017

DOOR FEE \$100.00 CASH. MUST HAVE PHOTO

REFUNDS CANNOT BE MADE UNDER ANY CIRCUMSTANCES

CONVENIENT PHONE REGISTRATION IS AVAILABLE BY CALLING 908.901.9919

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 \$5.00 CONVENIENCE 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.jhc-tkd.com