PARTICIPANT ENTRY FORM

"BIG EAST XXV" Taekwondo Championships

SUNDAY, April 29, 2018

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EVENTS

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

WTF FORMS: _____	***OPEN & WEAPONS FORMS:*** _____	***FREE SPARRING:*** _____	***Free-Style BREAKING:*** _____
WTF TEAM FORMS: PAIRS TEAM:_____ MALE TEAM:_____ FEMALE TEAM:_____ FREE STYLE TEAM_____			
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 23, 2018

LATE REGISTRATION DEADLINE: $110.00 One Event $25.00 Each Additional Event. **Must be received by Friday, April 27, 2018**

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.

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*** 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 Degree):** _____

ADDRESS: _____

CITY: _____ STATE: _____ZIP: _____

TEL.: (____)_____ E-MAIL_____

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*** SCHOOL & INSTRUCTOR INFORMATION ***

SCHOOL NAME: _____ TEL.: (____)_____

INSTRUCTOR'S NAME: _____ RANK: _____DAN

SCHOOL ADDRESS (IN FULL):_____

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*** 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.****

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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!!!
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