



# 2019 GARDEN STATE CUP XXIII Taekwondo Championships

Sunday, November 10, 2018  
Ridge High School, Basking Ridge, New Jersey

## Team Registration

Please Print or Type Clearly

Team Name:	Master's Name:
School Name:	School Phone #:
School Address:	School Email:

Team Members	Age	Gender	Weight	Rank
1.				
2.				
3.				
4.				
5.				
6.				

\*6<sup>th</sup> member is an alternate in a tag team.

_____ WT Poomse: Pairs Team: \$200	_____ WT Poomse: Three Member Team: \$300
_____ Five Member Tag Team Sparring: \$500.00	_____ Five Member Breaking Relay Team: \$500.00
<b>Total Amount Enclosed: \$ _____</b> <i>Each Team Must Submit a Completed Form for Each Team Event.</i>	

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

\*\*\* 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 \_\_\_\_\_

(Please DO NOT send Cash through mail)

MONEY ORDER/CASHIER'S CHECK \_\_\_\_\_

(NO PERSONAL CHECKS)

CREDIT CARD \_\_\_\_\_

(\$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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**CONVENIENT PHONE REGISTRATION IS AVAILABLE BY CALLING 908.901.9919**

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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](http://www.jhc-tkd.com)*

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