

2009
Karate
44th Annual All American Open Tae Kwon Do Championships
Kung-Fu

*To be held in the Main Gym of Hunter College, located at 68th St. & Lexington Ave., New York, NY 10021
starting at 10:30 a.m. on Saturday, April 4, 2009, Registration begins at 9:00 a.m.*

Check the divisions you want to enter below:

(I) FORM CONTEST <input type="checkbox"/> Tae Kwon Do Hyung <input type="checkbox"/> Karate Kata <input type="checkbox"/> Kung-Fu Form <input type="checkbox"/> Senior Form (All Styles) <input type="checkbox"/> Weapons Form <input type="checkbox"/> Free Style form	(II) BREAKING CONTEST <input type="checkbox"/> Adults Breaking <input type="checkbox"/> Children's Breaking	(III) FREE SPARRING <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Senior <input type="checkbox"/> Children
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WHO ARE YOU? <input type="checkbox"/> Super Mini Pee Wee <input type="checkbox"/> Mini Pee Wee <input type="checkbox"/> Pee Wee <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Woman <input type="checkbox"/> Man

(Please type or print:)

Name _____ Age _____ Sex _____ Hgt _____ Wgt. _____ Lbs.

Address _____ (Apt. No. _____), City _____

State _____ Zip _____ E-mail Address: _____

Home Phone: () _____ Fax: () _____

Your rank _____ Belt Color _____ Style studied _____

Instructor's name _____ His e-mail address: _____

Club name _____ Phone: () _____ Fax: () _____

Club Address _____ City _____ State _____ Zip _____

I, the undersigned, hereby waive all claims against any or all persons connected with the All American Open Tae Kwon Do/ Karate/ Kung-fu Championship Tournament, Way of Action, SHC Associates, Inc., Hunter College, Westchester Tae Kwon Do Academy, Inc and S. Henry Cho for any injuries that I may sustain during my participation in the competition. I also assume full responsibility for any of my actions during and in connection with said tournament. I agree that my performance or attendance at the competition or both may be filmed or otherwise recorded or telecast live and I consent to the use by S. Henry Cho, SHC Associates, Inc., its assignees and licensees of my name, likeness, voice, poses, pictures and biographical data concerning me, fully or in part and in any form or language with or without other material, throughout the world without limitation, for television, radio and/or theatrical motion pictures by any devices now known or hereafter devised, and I wave any compensation therefor.

Date _____ Signature _____

Signature of Guardian or Parent if under 18

Entry Fee: \$45 for Form, Breaking or Sparring / \$60 for 2 events and \$70 for 3 events, if you register by mail before April 3, 2009.

Registration: \$50 for one event / \$65 for 2 events and \$10 for each additional event after 2, if you register on April 4, 2009.

Make MONEY ORDER, payable to "All American Open Tae Kwon Do/Karate Championships," and send it to:

S. HENRY CHO, P.O. Box 283, Tappan, NY 10983

(NO PERSONAL CHECKS ACCEPTED/ NO REFUNDS)

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