

*All American Open
Championships®*



*Tae Kwon Do
Karate/ Kung-Fu*

The 50th

*To be held in the Paramount Gym of Long Island University's Brooklyn Campus, located at 1 University Plaza, Brooklyn, NY 11201 at 10:30 a.m. on Saturday, March 7, 2015.
(Registration begins at 9:00am)*

Check the divisions you enter below:

(I) FORM CONTEST	(II) BREAKING CONTEST	(III) FREE SPARRING
<input type="checkbox"/> Tae Kwon Do Hyung	<input type="checkbox"/> Adults Breaking	<input type="checkbox"/> Men
<input type="checkbox"/> Karate Kata	<input type="checkbox"/> Children's Breaking	<input type="checkbox"/> Women
<input type="checkbox"/> Kung-Fu Form		<input type="checkbox"/> Senior
<input type="checkbox"/> Senior Form (all styles)		<input type="checkbox"/> Children
<input type="checkbox"/> Weapons Form		
<input type="checkbox"/> Free Style form		
<input type="checkbox"/> Masters Form (all styles)		

WHO ARE YOU?
<input type="checkbox"/> 6 Years & Under
<input type="checkbox"/> 7-8 Year Olds
<input type="checkbox"/> 9-10 Year Olds
<input type="checkbox"/> 11-13 Year Olds
<input type="checkbox"/> 14-16 Year Olds
<input type="checkbox"/> 17-39 Year Olds
<input type="checkbox"/> 40 Year Olds '+'

(Please type or print the following:)

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: _____
 School name _____ Phone: () _____ Fax: () _____
 School 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, Inc.; SHC Associates Inc.; Long Island University's Brooklyn Campus; the Estate, Heirs and Executors of S. Henry Cho, the Estate Heirs and Executor of Linda Lutes, and Arthur Kimmel 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 the Estate of S. Henry Cho, SHC Associates, Inc., and Way of Action, 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 waive any compensation therefor.

Date _____ Signature _____

Signature of Guardian or Parent if under 18

Entry Fee: \$50 for Form, Breaking or Sparring / \$60 for 2 events and \$70 for 3 events,
when you register by mail before March 1, 2015.
\$55 for one event / \$65 for 2/ \$75 for 3, if you register after March 1, 2015.

Make MONEY ORDER, payable to "Way of Action, Inc." and send it to:
Way of Action, Inc., 316 7th Street, Brooklyn, NY 11215.

(NO PERSONAL CHECKS ACCEPTED/ NO REFUNDS).

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