

# 2010 (45th Annual) All American Open Tae Kwon Do/ Karate/ Kung-fu Championships®

*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 20, 2010.  
(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 Form	<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 IS 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: \_\_\_\_\_

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 Inc, SHC Associates Inc., Long Island University's Brooklyn Campus, Westchester Tae Kwon Do Academy Inc, S. Henry Cho, Linda Lutes, and David Moradi 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 waive 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,  
                                  when you register by mail before March 12, 2010.  
                                  \$50 for one event / \$65 for 2/ \$75 for 3, if you register on March 20, 2010.

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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