



TEAM FORMS APPLICATION



METROPOLITAN CHAMPIONSHIP – April 24, 2010

Island Garden Arena, 45 Cherry Valley Ave., West Hempstead, NY 11552

ENTRY FEES: TEAM FORMS FEE \$30
ENTRY DEADLINE: Wednesday, April 14, 2010
(Add \$35.00 Late fee between 4/14 – 4/24)

Make checks payable to Richard Brown, Sports Director –
PO Box 890, Westbury, NY 11590

TEAM FORMS INFORMATION:

TEAM NAME _____

Athlete # 1 _____ DOB ____/____/____ AAU # _____

Athlete # 3 _____ DOB ____/____/____ AAU # _____

CONTACT PHONE () _____ - _____ E-MAIL _____@_____

TAE KWONDO SCHOOL _____

ADDRESS, CITY, STATE, ZIP _____

INSTRUCTOR _____

Team Information

Age: 5-17 _____ 18+ _____
Gender: Male _____ Female _____ Mixed _____
Highest Rank on team: 1 st Dan _____ 2 nd Dan _____ 3 rd Dan _____ 4 th Dan _____ 5 th Dan _____

PLEASE COMPLETE & SIGN THE RELEASE PAGE FOR EACH ATHLETE!