

2004 National Collegiate TaeKwonDo Championship

The pre-qualifying event for the 2005 Universiade(College Olympic Games) in Turkey

Date : Friday and Saturday, April 16 and 17, 2004
Place : University of Bridgeport (Wheeler Recreation Center)
Gymnasium State of Connecticut

Hosted by : University of Bridgeport

Sanction by : U.S.T.U.

Sponsored by : The National Collegiate TaeKwonDo Association

Organized by : University of Bridgeport Martial Arts Institute

Web address : www.bridgeport.edu/pages/967.asp



The University of Bridgeport is committed to building an academic program in the Martial Arts



29th NATIONAL COLLEGIATE TAEKWONDO CHAMPIONSHIP

April 16 and 17, Bridgeport, Connecticut

www.bridgeport.edu/pages/967.asp

On April 16th(Friday) and 17th(Saturday) at the University of Bridgeport, the National Collegiate Taekwondo Association will host the 29th National Collegiate Taekwondo Championships. This will be a pre-qualifying tournament for student athletes who are interested in serving as members of the 2005 United States National Collegiate Taekwondo Team. The US Collegiate Taekwondo Team will compete at the 23rd Universiade (Summer World University Games) in Izmir, Turkey.

- DATE** Friday, April 16 and Saturday, April 17, 2004.
- TIME**
- | | | |
|-----------------|---|---|
| Friday, Apr 16: | 12 Noon - 5 PM | Weigh-in and competitor credential pick up for all ranks at Hotel |
| | 2 PM - 4 PM | Seminar for any and all collegiate participants, at UB |
| | 4:00 PM - 5:00 PM | NCTA General Meeting at UB |
| | 5:00 PM - 6:00 PM | Coaches Meeting at UB |
| | 7:00 PM - 9:00 PM | All poomse (forms) competition
All ranks - Wheeler Recreation Center |
| | 9:30 PM - 10:30 PM | Welcome party for NCTA officials, referees, team coaches at UB Student Center |
| | Saturday, Apr 17: (Wheeler Recreation Center) | |
| | 9:00 AM | All belt competition (Sparring) |
| | 12:30 PM | Opening Ceremony |
- AIRPORT** Bridgeport, CT; Hartford, CT; New York
- HOTEL** **Hilton Garden Inn Shelton** www.shelton.gardeninn.com
25 Old Stratford Rd
Shelton, CT 06484
Tel: (203) 447-1000
Fax: (203) 447-1050
(Pls. mention the NCTC Tournament when you make reservations)
- CONTACT** Prof. Yongbom Kim and Guljana Torikai
Mailing address:
Prof. Yongbom Kim
c/o 29th NCT Championship
University of Bridgeport
International College Martial Arts Institute
380 University Ave, Carlson Hall #233
Bridgeport, CT 06601
- PHONE: (203) 576-4966/ 4970
FAX: (203) 576-4967
E-MAIL: ybkim@bridgeport.edu
- ENTRY FEE** One event: \$65
Two events: \$75
- ELIGIBILITY** If you have questions about eligibility for this event, please contact **QUESTIONS** the NCTA Eligibility Chair, Master Anne Chase at agchase@mac.com

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April 16 and 17, Bridgeport, Connecticut
www.bridgeport.edu/pages/967.asp

Official Website

www.bridgeport.edu/pages/967.asp

Sanctioned by

The United States Taekwondo Union
One Olympic Plaza, Suite 104-C
Colorado Springs, CO 80909
Tel: (719) 578-4632

Sponsored by

The National Collegiate Taekwondo Association (NCTA)
214A Beyer Hall
Ames, Iowa 50011
Tel/Fax: (515) 294-5966

Hosted by

University of Bridgeport
380 University Ave, Carlson Hall
Bridgeport, CT 06601

Organized by

University of Bridgeport Martial Arts Institute

Honorary Chair

President Neil Albert Salonen

Chair

Mr. Peter Mehrhoff

Vice-Chair

Mr. Beom Hee Han

President, NCTA

Mr. Yong Chin Pak

Tournament Advisors

Dr. Thomas J. Ward & Dr. Mark Setton

Tournament Co- Director

Prof. Yongbom Kim, Prof. Jong Chul Lee

Competition Rules

Current WTF/USTU Competition Rules

Type of competition

Single elimination

Gyoroogi

Black belts: 3 rounds of 2 minutes, 1 minute rest period between rounds

(Men's semifinals and finals will be 3 rounds of 3 minutes)

Color belts: 3 rounds of 1.5 minutes, 30 seconds rest period between rounds

Poomse

Current USTU rules apply

Referees

Referees will be selected by the NCTA Referee Chairman. Contact **Master Yong Sup Kil at 248-709-5228** if you are interested in refereeing at this event. Appointed referees are responsible for transportation to and from the event. The organizing committee will provide double rooms and meals for those appointed to officiate.

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Required equipment

USTU - Recognized Dobok and Mandatory Safety Equipment

- All contestants must wear WTF/USTU approved Taekwondo V-neck uniform (Dobok).
- Only the university name will be allowed on the back. Brand name labels are acceptable.
- No sport goggles will be allowed during Sparring competition.
- Mandatory Safety Equipment required for all Sparring Contestants:
 - WTF/USTU approved Headgear (white, red or blue only)
 - WTF/USTU approved Trunk Protector (1 w/ red marking, 1 w/ blue marking or reversible)
 - Protective Cup (worn inside the pants)
 - WTF/USTU approved Forearm guard and Shin guard - Mouthpiece

Registration

All contestants must pre-register by **March 31st, 2004**. No applications/registration will be accepted by fax or at the door. The organizing committee will not confirm applications by phone, fax, or e-mail. Entry fees are non-refundable and must accompany the registration packet. Only Cashier's Checks and Money Orders will be accepted. Absolutely no personal checks will be accepted. Personal checks will be returned.

Mail registration forms and fees to:

Prof. Yongbom Kim

C/o 29th NCT Championship

University of Bridgeport

International College Martial Arts Institute

380 University Ave, Carlson Hall #233

Bridgeport, CT 06601

Direct questions to Prof. Yongbom Kim and Guljana Torikai

PHONE: (203) 576-4966/ 4970 EMAIL: Yongbom Kim <ybkim@bridgeport.edu>

Transportation

Airports

Sikorsky Airport, Bridgeport, CT

(203) 576-7498

Located 15 minutes from campus.

Bradley International Airport, Hartford, CT

Located 1 hour and 15 minutes from campus.

LaGuardia and Kennedy Airports, New York

Located 1 hour and 30 minutes from campus.

Limousines - From Bridgeport to New York and Hartford airports.

Connecticut Limousine 800-472-LIMO

Primetime Shuttle of Connecticut

800-RED-VANS

Trains

Amtrak 800-872-7245

Metro-North 800-638-7646

Taxis

Ace Cab 203-334-6161

Action Cab 203-579-4444

Alpha Taxi 203-333-3575

Bridgeport Taxi 203-368-0529

Casino Cab 203-366-4343

Bridgeport/Port Jefferson Ferry

1-888-44-FERRY

Red Dot Airport Shuttle

800-673-3368

* CHAMPIONSHIP OFFICIAL HOTEL

Hilton Garden Inn Shelton (10 min drive from tournament)

25 Old Stratford Rd

Shelton, CT 06484

Rate: \$89/night (50 double rooms available. Pls. reserve ASAP, and mention the NCTC Tournament)

Tel: (203) 447-1000 Fax: (203) 447-1050

www.shelton.gardeninn.com

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SCHEDULE (this schedule is subject to change)

April 16, 2004 (Friday)

12:00 PM - 5:00 PM Weigh-in and competitor credential pick up, at the Hotel Registration Desk.

2:00 - 4:00 PM Seminar at Carlson Hall Room 152.

4:00 - 5:00 PM NCTA General Meeting at Carlson Hall Room 152.

5:00 - 6:00 PM Coaches Meeting at Carlson Hall Room 152.

7:00 - 9:00 PM **All poomse competition**

- Wheeler Recreation Center - All belts

9:30 - 10:30 PM **Welcome party for NCTA officials, referees, coaches at Student Center.**

Hosted by University of Bridgeport and Korean National Tourism Organization

April 17, 2004 (Saturday)

9:00 AM Sparring competition begins

- Wheeler Recreation Center - All Belts
- Harvey Hubbell Gym might be used too

11:30 AM - 12:30 PM Lunch at Marina Dining Hall (Competition will be paused at this point)

12:30 PM - 1:00 PM Opening Ceremony & Demonstration (Wheeler Recreation Center)

1:00 PM Sparring competition continues

- Wheeler Recreation Center - All Belts
- Harvey Hubbell Gym might be used too

Closing Ceremony

(Competitors should be in the holding area by 8:30 AM)

ELIGIBILITY CRITERIA

PLEASE READ CAREFULLY

Competitors who do not comply with the proof of eligibility requirements will be disqualified without notice.

1. AGE: All competitors must be 17-27 years old. Submit a copy of your passport or birth certificate.

2. STUDENT STATUS: All competitors must either (a) be a FULL-TIME student for Spring 2004 in a 2- or 4-year college or university. Current students: submit the certification form, or a letter from the college or university on that school's letterhead which includes all requested information. The certification must be produced and dated on or AFTER Feb 1, 2004; or (b) have graduated from a 2-year, 4-year, or graduate program in 2003 or 2004. Graduates: submit certification form.

YOUR COLLEGE ID WILL NOT SERVE AS PROOF OF STUDENT STATUS

3. CITIZENSHIP: All Championship Division (black belt) competitors must show proof of United States citizenship. Submit a copy of your US passport, birth certificate, or naturalization papers.

4. USTU MEMBERSHIP: All competitors must be 2004 USTU members. Submit a copy of your membership card.

NCTA officials will review the eligibility of all Championship Division (black belt) competitors prior to the competition. There WILL NOT be time to contact those who have not complied with the above requirements. FOLLOW THE INSTRUCTIONS EXACTLY or you may be disqualified on-site. It is a good idea to bring copies of your fully completed registration form and all eligibility documents to the tournament. If you have questions about eligibility for this event, please contact the NCTA eligibility Chair, Master Anne Chase at agchase@mac.com

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CHECKLIST

All items under the appropriate category must be received with each application for your entry to be processed for this event. All entries must be postmarked by March 31st, 2004. Mail registration forms and fees to:

Prof. Yongbom Kim
C/o 29th NCT Championship
University of Bridgeport
International College Martial Arts Institute
380 University Ave, Carlson Hall Bridgeport, CT 06601

Competitors

- Form A - Competitor Entry Form
- Form B - Signed waiver and release form (2 pages and must be signed by parent or guardian if competitor is under 18).
- Form C - Event and Weight Selection Form.
- Form D - Certification of Collegiate Status.
- Form E - Competition Record.
- Copy of 2004 USTU Competitor Individual Membership.
- Eligibility Certificate signed by university/college official. Original must be sent!
- 2 ID Size photos - Please write the name of the athlete on the back of each photo.
- Copy of Citizenship for all black belt competitors. US Passport or US Birth Certificate will be acceptable documents for this tournament
- Payment of \$65.00 (one event)/ \$75.00 (two events) in a cashier's check or money order payable to the 29th NCT Championship. (Personal checks or business checks will be returned to you with your application).

Coaches

- Form F - Coaches Entry Form
- Signed liability waiver (Form G)
- 2 ID Size photos - Please write the name of the coach on the back of each photo.
- Copy of 2004 USTU Competitor Individual Membership.
- Payment of \$35.00 in the form of a cashier's check or money order payable to the NCTA. (Personal checks or business checks will be returned to you with your application).



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Entry Form A

Applications must be postmarked by March 31st, 2004

- There will be no late registrations. No entries will be accepted for any reason after this postmark date or at the door.
- Applications will not be received by Fax. We cannot confirm receipt of applications by phone, fax or e-mail.
- Your completed application must be postmarked by March 31st, 2004, or it will be returned to you.
- Mail registration forms and fees to:

Prof. Yongbom Kim
C/o 29th NCT Championship
University of Bridgeport
International College Martial Arts Institute
380 University Ave, Carlson Hall #233
Bridgeport, CT 06601

Please check as completed:

- Complete Competitor Entry Form A
- Signed Athlete waiver Form B (2-sided)
- Include Event Selection Form C
- Include University/College Certification Form D. **The original must be sent!**
- Form E Competition Record
- Black Belts include a copy of U.S. Citizenship (US Passport or US Birth Certificate)
- Include copy of 2004 USTU Competitor Membership
- Include a copy of your Black Belt certificate (if applicable)
- Include 2 ID size photos (write name on back of photos)
- Include all (\$65 or \$75) fees as Cashier's Check or Money Order made payable to the **29th NCT Championship**. (Personal Checks, business checks and credit cards will be returned)

PLEASE PRINT ALL INFORMATION

Last Name: _____ First Name: _____

Home address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell: (____) _____

E-Mail: _____ Fax #: (____) _____

University/College: _____ Instructor/Coach: _____

Your address at college: _____ City: _____

State: _____ Zip Code: _____ Phone at college: (____) _____

Date of Birth: _____ Age (must be 17-27)



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FORM B ATHLETE WAIVER

WAIVER RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against the United States Taekwondo Union, National Collegiate Taekwondo Association, the State of Connecticut Taekwondo Association, its organizing committee, the United States Olympic Committee, University of Bridgeport Martial Arts Institute, the Municipality of Bridgeport and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners, and lessor of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connection with my association or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that all entry fees are non-refundable.

I understand the nature of the National Collegiate Taekwondo Association activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this athletic meet. I understand that United States Taekwondo Union activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the athletic meet.

I agree, if the minor child or I, are selected to be drug tested pursuant to the United States Olympic Committee National Anti-Doping Program, as amended. I understand that such drug testimony may take place at any time during the competition. If the minor child or I fail to show up at the athletic meet, for any reason, I knowingly forfeit this competition and all applicable registration fees. I further understand that any pictures taken of the minor child or me in connection with this athletic meet may be used by the United States Taekwondo Union, National Collegiate Taekwondo Association, the State of Connecticut Taekwondo Association for publicity or promotion without compensation.

I have read this agreement, fully understand these terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Participant's Printed Name Participant's Signature Date

Parent/Guardian's Printed Name Parent/Guardian's Signature Date

Witness Printed Name Witness Signature Date

(For All Participants)

*Competitors under the age of 18 years old must have a Parent/Guardian Signature.



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FORM B ATHLETE WAIVER CONSENT FOR MEDICAL TREATMENT

I, _____ (Print Name), consent to medical treatment for athletic related injuries/illnesses by USTU/ NCTA/ Medical Personnel and/or Hospital Medical Staff. I authorize treatment by such personnel in the event of injury or illness.

(Athlete's Signature)

(Date)

As a parent or legal guardian of _____, who is under the age of 18, I hereby consent to medical treatment for the said minor by USTU/ NCTA/ Medical Personnel and/or Hospital Medical Staff, for athletic related injuries/illnesses. I authorize treatment by such personnel in the event of injury or illness sustained by the said minor.

(Parent/Guardian's Signature)

(Date)

All medical evaluations completed by USTU/ NCTA/ Medical Personnel for athletic injuries are considered confidential and will be filed at the USTU National Office. Copies of medical injury forms can be requested verbally from the USTU Medical Coordinator by the injured athlete, or parent of a minor athlete at the time of injury or requested in writing following a competition. The original injury report form will remain on file in permission. No information pertaining to injury data without using an athlete's name will be released without that athlete's permission. Information pertaining to injury data without using an athlete's name will be released to the Medical Director, the Medical Coordinator or their assistants for purposes of injury research or recommendations for safety rule changes only. An athlete's name and injury will only be released in cases pertaining to head injuries requiring the athlete to not compete for 30 days. This information will be released to the Medical Director, Medical Coordinator, Referee Chairman, Tournament Committee Chairman, National Events Director, Executive Director and/or Executive Committee for purposes of enforcing the 30-day rule in compliance with USTU and WTF rules.

(Athlete's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)

INSURANCE INFORMATION

Primary Insurance Company: _____

Insurance Address: _____

Insurance Phone: _____ Policy #: _____

Claimant's Name (Print): _____

Policyholder's Name (if different from claimant): _____

- *Athlete must provide a copy of primary insurance company card (front and back).
- *Athlete must provide a copy of their USTU membership card (front and back). The USTU athletic insurance that is provided in accordance with your USTU membership is a secondary insurance policy, requiring your own health insurance to pay expenses first as the primary insurer. The insurance provided through your USTU Membership has a \$1,000 deductible which must be met prior to any payments being made for any insurance claim. This policy only applies to athletic injuries or illnesses occurring during participation in Taekwondo. Directions for filing athletic injury claims can be found on the back of your USTU Membership card.



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Form C Event Registration

Circle One: Male / Female

Circle belt color: Black, Red/Brown, Blue/Purple, Green, White/Yellow/Orange

Dan (Black belt rank): 1st 2nd 3rd & above (Please circle one)

Competition Weight: _____

Color Belt sparring and poomse weight divisions: Light Middle Heavy (Please circle one)

	Men	Women
Light	Under 140.8 lbs.(under 64 kg)	Under 121.0 lbs. (under 55 kg)
Middle	140.8 - 167.0 lbs. (64-75 kg)	121.0 - 140.8 lbs. (55-64 kg)
Heavy	Over 167.0 lbs. (over 75 kg)	Over 140.8 lbs (over 64 kg)

Black belt sparring weight divisions

Fin Fly Bantam Feather Light Welter Middle Heavy
(Please circle one)

Poomse weight divisions

Fin/Fly Bantam/Feather Light/Welter Middle/Heavy
(Please circle one)

*Each poomse division will be by 1st Dan, 2nd Dan, 3rd Dan & above

WEIGHT	MEN'S WEIGHT	WOMEN'S WEIGHT
Fin	Under 118.8 lbs. (under 54kg)	Under 103.4 lbs. (47 kg)
Fly	118.8 - 127.6 lbs (54-58 kg)	103.4 - 112.2 lbs (47-51 kg)
Bantam	127.6 - 136.4 lbs. (58-62 kg)	112.2 - 121.0 lbs. (51-55 kg)
Feather	136.4 - 147.4 lbs. (62-67 kg)	121.0 - 129.8 lbs. (55-59 kg)
Light	147.4 - 158.4 lbs. (67-72 kg)	129.8 - 138.6 lbs. (59-63 kg)
Welter	158.4 -171.6 lbs. (72-78 kg)	138.6 - 147.4 lbs. (63-67 kg)
Middle	171.6 - 184.8 lbs. (78-84 kg)	147.4 - 158.4 lbs (67-72 kg)
Heavy	Over 184.8 lbs. (over 84 kg)	Over 158.4 lbs (over 72 kg)

2004 USTU Membership #: _____

Circle the events in which you will be competing: Poomse / Sparring

One event (\$65.00) Two events (\$75.00) Fee: \$ _____



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FORM D CERTIFICATION OF COLLEGIATE STATUS

THIS FORM MUST BE CERTIFIED WITH AN OFFICIAL SEAL AND SIGNATURE BY YOUR SCHOOL ON OR AFTER Feb 1st, 2004

COMPETITOR NAME: _____

COMPETITOR DIVISION: _____

COLLEGE/UNIVERSITY: _____

DATE ENTERED COLLEGE/UNIVERSITY: _____

MAJOR: _____

The official school seal/stamp and signature (below) verifies that the above named competitor is EITHER (please check one) _____ currently registered as a FULL-TIME student for SPRING Term 2004 at the above named college or university, OR _____ graduated from the above named college or university in 2003 or 2004.

Signature and Title of school official _____

Date (must be on or after Feb 1st 2004) _____

School Seal/Stamp:



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Entry Form E Competition Record

Please include year and result at each event.

National Collegiate Championships _____

National Collegiate Team Trials _____

World Collegiate Championships _____

Sr. National Championships _____

National Team Trials _____

World Championships _____

World Cup _____

Jr. National Championships _____

Jr. World Championships _____

Other _____



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Entry Form F Coaches/ Team Leaders/Support

Applications must be **postmarked** by **March 31st, 2004**

* Applications will not be accepted by Fax. We cannot confirm receipt of applications by phone, fax or e-mail.

* All coaching applications received after the postmark date will incur a \$30.00 late fee.

* Mail registration form and fees to:

Prof. Yongbom Kim
c/o 29th NCT Championship
University of Bridgeport
International College Martial Arts Institute
380 University Ave, Carlson Hall #233
Bridgeport, CT 06601

Please check as completed:

- Completed Coaches Entry Form F
- Signed waiver (Form G)
- Include copy of 2004 USTU Competitor Membership
- Include 2 ID size photos (write name on back of photos)
- Copy of Dan certification (if applicable)
- Include all fees (\$35.00) by Cashier's Check or Money Order made out to the NCTA (Personal checks, business checks and credit cards will be returned).

Please print all information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work phone: (____) _____

Fax #: (____) _____ E-Mail: _____

Cell Phone: _____

Date of Birth: _____ Dan Certificate #: _____

2004 USTU Competitor Member #: _____

Please circle: Coach / Team Leader /Support

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FORM G Coaches/ Team Leaders/ Support Liability Waiver

In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against the United States Taekwondo Union, the National Collegiate Taekwondo Association, its organizing committee, the United States Olympic Committee, University of Bridgeport Martial Arts Institute, the Municipality of Bridgeport, the State of Connecticut Taekwondo Association, and all members of their athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lessor of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me, in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Taekwondo is a body-contact sport, which involves a risk of injury. I understand all the contents of the 2004 rules and general information published by the sponsors and I agree with them in their entirety. I understand that if I fail to abide by the rules of the USTU, the NCTA, or any of its counterparts, or if my conduct is not cooperative for the successful operation of the tournament that I may be dismissed from the premises without compensation, and my credentials may be taken away along with all rights and privileges provided by those credentials. If I fail to show up at the competition, I knowingly forfeit all applicable registration fees. I understand that refunds will not be given for any reason. I understand that personal and business checks are not acceptable forms of payment for registration and that they will be returned to the applicant with his/her application. I further understand that any pictures taken of me in connection with the tournament may be used by the USTU, the NCTA, and the State of Connecticut Taekwondo Association for publicity or promotion without compensation. I hereby agree to all the terms and conditions of the liability waiver above.

Name: _____ Signature: _____

Date: _____

Buffet Lunch



Future Olympians, 2004 AD 29th NCT Championship University of Bridgeport

Saturday, April 17, 2004

29th NCT National Collegiate Taekwondo Championship will be hosting a Buffet Lunch in the Marina Dining Hall at the University of Bridgeport. The lunch is open to all competitors and spectators of the tournament. Reservations *are* required, and must be placed by **Wednesday, March 31, 2004**. (No other meals will be served at the tournament).

Time: 11:30am - 2:30pm

Cost: \$7.00 per person

Place: Marina Dining Hall - University of Bridgeport



(Includes Drinks, Appetizers, Salad, Soup, Main Course and Desserts.)

Please detach the registration form below and mail form and payment to:

**Prof. Yongbom Kim
c/o 29th NCT Championship
University of Bridgeport
International College Martial Arts institute
380 University Ave., Carlson Hall #233
Bridgeport, CT 06601**

PHONE: (203) 576-4966/4970
FAX: (203) 576-4967
E-MAIL: ybkim@bridgeport.eud



*Payable to 29th NCT Championship

You may pick up your meal ticket at the Hilton Hoel registration table. Directions to the Marina Dining Hall are provided in the tournament brochure.

Please join us! See you there!

.....
Name: _____

Phone: (Home) _____ (School) _____

School Name: _____

Number of Persons: _____ Total Cost (@ \$7.00 per person): _____

Make check payable to: 29th NCT Championship

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- Official Hotel Information -



Hilton Garden Inn®

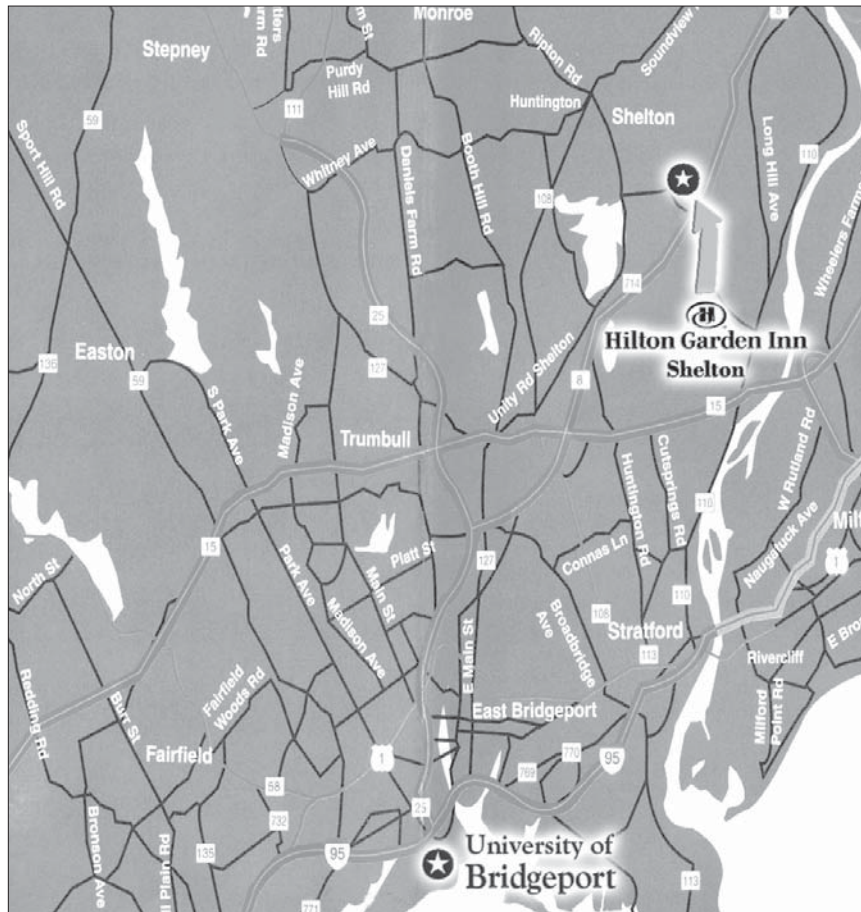
Shelton

25 Old Stratford Rd., Shelton, CT 06484

Tel: (203) 447-1000 / Fax: (203) 447-1050

Website: www.shelton.gardeninn.com

Rate: \$89/Night / 50 double beds & 25 King-size rooms available.
Please reserve ASAP, and mention the NCTC tournament.





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Advertising Space Order for Souvenir Program

Advertiser _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

You may supply your own camera-ready advertisement, or our staff can create one for you. If you wish us to design your advertisement, please include any photographs, logos, and other items which you would like to appear in the ad. Note that the deadline for camera-ready art is later than the deadline for artwork created by our staff. This is to allow sufficient time to create an effective advertisement for you.

Please check selection

Camera-Ready Copy attached

Use Attached Items and/or Layout

Advertising Rates

Banner at Tournament Site \$1,000.00

Back Cover \$3,000.00

Inside Front Cover \$5,000.00 (sold to Tri state)

Inside Back Cover \$2,000.00

Center of Program (each page) \$1,000.00

Inside Book (black and white)

 Full page \$300.00

 Half page \$200.00

 Quarter page \$150.00

 One line \$20.00

Size of Advertisements (Do not allow for margins)

9 1/2" by 7" wide

4 5/8" deep by 7" wide (horizontal)

4 5/8" deep by 3 3/8" wide

(name of individual or organization only)

Format

Camera Ready Art

Unformatted Items

Deadline

April 2, Friday

March 26, Friday

Late Materials (if used) are \$100 extra

Conditions of this Contract

1. All copy, regardless of condition, must be in publisher's hand by the deadlines stated above.
2. Check, or money order (no cash) must accompany this order with authorized signature. (Make payable to NCT Championship). Mail to: Prof. Yongbom Kim, c/o 29th NCT Championship, University of Bridgeport, International College Martial Arts Institute, 380 University Ave, Carlson Hall #233, Bridgeport, CT 06601.
3. One line ads will be featured in a special section.

Authorized Signature _____

**PLEASE PRINT YOUR ADVERTISING MESSAGE PLAINLY
AND ATTACH ON SEPARATE SHEET (or attach camera-ready copy)**
Please take care in preparing copy. If copy is not legible, mistakes will occur.