



## 22<sup>ND</sup> MOOGONG SUMMER CAMP

JULY 22 (THUR) - JULY 25 (SUN), 2004

KENYON COLLEGE GAMBIER OHIO 43022, 740-427-5000

### 2004 Camp Masters



Joon P. Choi



Moo Young Kang



Ho B. Kim



Young P. Choi



Kwang Ho Kim



Hyung Chul Kim



Ronald Kennedy



James Cahn



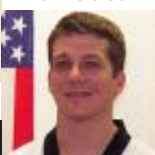
Sunny Graff



Dick Holbrook



Robert Gross



Paul Korchak



Woo Young Jung



Dan Jackson

### Instructor

### Certification Seminars in:

Kimoodo, Martial Arts, Referee, Coach



### Camp Subjects:

*Philosophy*  
*Meditation*  
*Taekwondo*  
*Karate*  
*Kung Fu/Tai Chi*  
*Kali*  
*Hapkido*  
*Aikido*  
*Olympic Sparring*  
*Breaking*  
*Forms*  
*Self Defense*  
*Kimoodo*  
*Acupuncture*  
*Qi Gong*  
*Dahn Joen Breathing*  
*Swords*  
*Long Staff*  
*Black Belt Test*

Directed by: Oriental Martial Arts College

1349 Brice Road Reynoldsburg, OH 43068

(614) 864-4000 • (614) 864-4146 (Fax) Jchoi@moogong.com, www.omacworld.com

# Moogong Martial Arts Summer Camp Application Form (July 22-25, 2004)

Mail or Fax Back to: Camp 2004 - 1349 Brice Rd. Reynoldsburg, OH 43068 - 614.864.4000, Fax: 614-864-4146  
Meet 11:00 am July 22th(Thur.) at Kenyon College: 103 Ward St. Gambier, OH (740)427-5250

Last Name	M. I	First Name	Date of Birth	Age	M F
Address		City	State		Zip
Home Phone /Cell Phone		Rank & Style	Studied Martial Arts Since		
Employer		Work Phone	Email		
Parents/Guardians Name (If minor)			Relationship		
Your martial arts school name and Address		City	State		Zip
		'83 '84 '85 '86 '87 '88 '89 '90 '91 '92 '93 '94 '95 '96 '97 '98 '99 '00 '01 '02, 03			
Name of person with whom you'd like to share a room (IF CIRCUMSTANCES ALLOW)		Circle the years in which you've participated in this camp			

In case of an emergency contact (Full Name, Phone Number & Relationship)

## EQUIPMENT ORDER FORM

Description	Price Ea.	Sz.	Qty.	Amount
White V-neck	\$ 45.00			\$
Black V-neck	\$ 55.00			\$
Adidas Black Trim V-neck	\$ 65.00			\$
Head Gear	\$ 32.00			\$
Chest Protector	\$ 32.00			\$
Shin/Instep Guards	\$ 19.00			\$
Forearm/Fist Guards	\$ 19.00			\$
Groin Cup	\$ 8.00			\$
Mouth Piece	\$ 4.00			\$
Wooden/Rubber Knife (Blk.Blt.)	\$ 5.00			\$
Short Staff (Kali Stick)	\$ 12.00			\$
Long Staff	\$ 22.00			\$
Kicking Paddle	\$ 19.00			\$
Sword (Padded)	\$ 45.00			\$
Sword (Bamboo)	\$ 22.00			\$
Shoes (Regular Training)	\$ 45.00			\$
Shoes (Mooto)	\$ 65.00			\$
Camp T-Shirts-CH,S,M,L,XL,XXL	\$ 10.00			\$
Camp T-Shirts after 7/5/04	\$ 15.00			\$
Camp Video (VHS)	\$ 29.99			\$
<b>Subtotal</b>				\$
<b>20% discount (Registered by 7/5/04) Subtract</b>				\$
<b>Add Tax (Price x 6%)</b>				\$
<b>Equipment Total Amount</b>				\$

## EARLY BIRD \$279.00 / \$339 (NON-MEMBER) BY 6/15/04

Full Time 3 nights, 4 days, Training, Room & Board	Full Time Reg. by 7/5/04	Full Time Reg. After 7/5/04	Part Time: Min. 4 Class <b>\$125.00</b>	Additional Class: <b>\$30.00</b> Each
OMAC Member w/paid annual membership	<b>\$299.00</b>	<b>\$349.00</b>	Breakfast:\$4.95, Lunch: \$6.95, Dinner: \$9.95	
OMAC Member NOT paid OR Non-OMAC Member	<b>\$349.00</b>	<b>\$399.00</b>	Room: \$35.00 / Night (2 per Room)	

- Full Time - Registered Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$
- Part Time - Registered Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$
- Circle and check (✓) below all you are applying for (3 Sessions min.)

Date	Brkfst	Class	Lunch	Class	Dinner	Class	Class	Room
7/22 (Thur)	Reg. begins - 11am			3pm~5pm		7~9pm	9-10pm	
7/23 (Fri)		9:15~11:15		2pm~4:30		7~9pm	9p10pm	
7/24 (Sat)		9:15~11:15		2pm~4:30		7~ 9pm	9-10pm	
7/25 (Sun)		9:15~10:45		12:15~1:15		Test 1:30-5:30 pm		

No. of Class [ ] Brkfst [ ] Lunch [ ] Dinner [ ] Room [ ]  
Amount [ ] + [ ] + [ ] + [ ] + [ ] = Total [ ]  
Class Brkfst. Lunch Dinner Room

\* Schedule of Class, meals, room must be indicated & cannot be changed without prior permission. \* **At least 50% of Fee must be paid at Pre-registration - Non-refundable** due to commitment to University.

- ☐ I am fully recommended to test ☐ I am not testing at the camp
- ☐ I am not fully recommended yet but preparing to test at the Camp
- ☐ I am or will be recommended to Upgrade at the Camp

- Testing to \_\_\_\_\_ Rank/Belt • Paid or Enclosed Test Fee \_\_\_\_\_
- Wrote Thesis \_\_\_\_\_ Activity Report Card \_\_\_\_\_ • I.D. Card \_\_\_\_\_
- Completed Test Form & All Recommendation Tapes on My Belt \_\_\_\_\_
- Completed Fasting for \_\_\_\_\_ Days / Meditation for \_\_\_\_\_ Hours

Camp Fee \$ \_\_\_\_\_ + Test Fee \$ \_\_\_\_\_ + Equip. \$ \_\_\_\_\_ = Total Amnt. \$ \_\_\_\_\_ Total Pd. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_  
How Paid : ☐ Check ☐ Credit Card : \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Things to Bring:** Blanket/Sleeping Bag (Linen not provided), Pillow, Towels, Tooth Brush/Paste, Soap/Shampoo, At least 2 pair of Uniform/Socks, All Training/Sparring Equipment, Shorts, Martial Arts Shoes, Tennis Shoes, T-Shirts/Jacket, Equipment Carrying Bag, Diary, Notebook, Pen/Pencil, Water Bottle, Alarm Clock, Swimwear, Athletic Tape, Safety Pins, Lotion, BenGay, Your Own Sports Equipment, Spending Money (Apox. \$50.00 - Laundry, Drinks...)

## Liability Waiver

I hereby submit my application for registration in the Moo Gong Summer Camp. I agree to waive claims against any person connected with this camp for injuries I may sustain. Likewise I assume full responsibility for all my actions in connection with said camp and agree to abide by all camp rules and camp schedules. I understand that any pictures or video tape of me participating in said camp may be used for publicity without compensation.

Signature

Date

Parent / Guardian Signature (if minor)

Date

SC-101  
4/28/04



# Kimoodo® - Healing Art

(Healing Energy Merged with Dynamics of Martial Arts)

“신비의 氣武道”

## Kimoodo® for Health & Happiness

### Kimoodo Vision:

Kids grow up Happy & Healthy, Young become Wise & Strong, Old enjoy Peace & Harmony



#### - Three Divine Energies -

Heaven Energy, Earth Energy, Human Energy

#### - Three Great Powers of Kimoodo -

Power Breathing, Power Stretching, Power Mind

#### - Four Life Channels -

Energy Channel, Water Channel, Blood Channel, Mind Channel

#### - Five Great Life Sources -

Life Air, Life Water, Life Food, Life Exercise, Life Mind

#### - Six Life Energies -

Love, Joy, Fairness, Compassion, Confidence, Wisdom

#### - Five Process to Rejuvenation -

Oxygenation, Detoxification, Deconditioning, Reconditioning, Rejuvenation

### Kimoodo Holistic Life Center

Oriental Martial Arts College (Since 1971) Grandmaster Joon P. Choi, Founder/President

1349 Brice Rd. Reynoldsburg, Ohio 43068 (614)864.4000 (O), 864.4146 (Fax), jchoi@moogong.com, www.OMACworld.com

# Kimoodo SUMMER CAMP SUBJECT & APPLICATION FORM (July 22-25,2004)

- Power Breathing    ● Power Stretching    ● Power Mind    ● Mooshim-Chun    ● Mooshim-Ji    ● Mooshim-In
- Jwa-Mooshim    ● Life Conversion    ● Rehabilitation    ● Rejuvenation    ● Meditation    ● Stress Management
- Healing Energy    ● Acupressure    ● Alexander Stretching    ● Therapeutic Massage

Name (Last Name First) _____		Date of Birth _____		M	F
Mailing Address _____		City _____	State _____	Zip _____	Phone (H) _____
Employer ( If minor-Parent) _____		Occupation _____	E-Mail Address _____		

Previous martial arts training ? yes \_\_\_ no \_\_\_ If yes; how long \_\_\_\_\_ current rank \_\_\_\_\_ dan \_\_\_\_\_ gup

Your martial arts discipline \_\_\_\_\_ Your martial arts affiliation \_\_\_\_\_

Name of your school \_\_\_\_\_ Instructor Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Web \_\_\_\_\_

## BREIF SEMINAR SCHEDULE:

Date	Brkfst	Class	Lunch	Class	Dinner	Class	Class	Room
7/22 (Thur.)		Reg. begins - 11am		3pm~5pm		7pm~9pm	9pm-10pm	
7/23 (Fri.)		9:15~11:15		2~4:30pm		7pm~9pm	9pm-10pm	
7/24 (Sat.)		9:15~11:15		2~4:30pm		7pm~ 9pm	9pm-10pm	
7/25 (Sun.)		9:15~10:45		12:15~1:15		Test 1:30-5:30 pm		
No. of Class [     ] Brkfst [     ] Lunch [     ] Dinner [     ] Room [     ]								

## GENERAL INFORMATION:

- If you are applying for Part Time - Circle and check on schedule all you are applying for (3 Cls. minimum)
- Non-Certification: Cost per Class: \$45.00, Breakfast: \$4.95, Lunch: \$6.95, Dinner: \$9.95, Room: \$35.00 / Night (2 per room)
- Schedule of Class, meals, room must be indicated and cannot be changed without prior permission.
- At least 50% of fee must paid at Pre-registration ( Non-refundable due to commitment to University).

**Kimoodo Non-Certification Class Fee:** Please add all classes you are participating: Total number of classes \_\_\_\_ X \$45.00

Classes: \$ \_\_\_\_\_ Brkfst.: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Dinner: \$ \_\_\_\_\_ Room: \$ \_\_\_\_\_ Others: \_\_\_\_\_

\$ \_\_\_\_\_ Tax (6%): \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

## KIMOODO INSTRUCTOR CERTIFICATION COURSE (REQUIRES 48 HRS. TO COMPLETE)

- Total credit hours to complete a Kimoodo Instructor Certification Course is 48 Hours.
- 48 credit hours may be obtained through four Camps (Winter Camp, Spring Camp, Summer Camp and Fall Camp).
- Cost for Completion of Certification is \$5,760.00.
- Fee includes: Tuition, Certification, License to Teach and hold Seminars with OMAC representatives (Pre-approval required), 4 T-Shirts, 10 Video Tapes, Discount on video tapes & other merchandise.
- Total credit hours for Summer Camp: 24 Hrs.
- Payment:
  - 1) Pay in Full for 48 hours full course - 10% off
  - 2) Installment Plan Available w/ 10 % Fee (All payments use EFT or Tuition Financed by Banks upon credit approval
  - 3) Instructor Certification Course student needs to sign up for all 48 Hours of Class up front

Tuition \$ \_\_\_\_\_ Discount (If apply) \_\_\_\_\_ \$ \_\_\_\_\_ T-Shirts (Sz. S.M.L.XL.XXL) \$10.00 (befor 7/5), after \$15.00

Video Tape \$24.99-before 4/14, after-\$29.99. Total Cost \$ \_\_\_\_\_ Total Pd. \$ \_\_\_\_\_ Bal.\$ \_\_\_\_\_ Payment Plan: \_\_\_\_\_

Payment Method: \_\_\_ Check \_\_\_ Money Order, or Credit Card. Kind of Credit Card : \_\_\_ MC \_\_\_ VS \_\_\_ Other \_\_\_\_\_

Card No: \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notes: \_\_\_\_\_

## LIABILITY WAIVER

*I hereby submit my application to the Martial Arts programs developed by Oriental Martial Arts College. I agree to waive any claims against any person connected with any and all programs offered by Oriental Martial Arts College for injuries I may sustain and likewise assume full responsibility for all my actions in connection with said programs of Oriental Martial Arts College. I understand there are rules and regulations associated with these programs and I will abide by said rules & regulations. I also understand that any pictures or video of me participating in said programs may be used for publicity without compensation. I agree that I will not, directly or indirectly provide instruction in the skills or knowledge of curricula developed by OMAC Inc. without first receiving written permission from the Oriental Martial Arts College Inc.*

Signature (Member)

Date

Signature of Parent (If minor)

Date

KM-101  
4/28/04