

21st OMAC Summer Camp Application Form (July 10-13, 2003)

Mail or Fax Back C/O OMAC 1349 Brice Rd. Reynoldsburg, OH 43068 - Fax:614-864-4146
Meet 11:00 am July 10th 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 No / Cell Phone _____ Rank & Style _____ Studied Martial Arts Since _____

Employer _____ Work Phone No. _____ Email Address _____

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

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.	Size	Qty.	Amount
White V-neck	\$ 45.00			\$
Black trim / ribbed uniform	\$55.00			\$
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 w/Case	\$ 4.00			\$
Wooden or Rubber Knife	\$ 5.00			\$
Bamboo Sword	\$ 22.00			\$
Short Staff (Kali Stick)	\$ 12.00			\$
Long Staff	\$ 22.00			\$
Kicking Paddle	\$ 19.00			\$
Padded Sword	\$ 45.00			\$
Wooden Sword - Masters	\$ 25.00			\$
Taekwondo Shoes	\$ 45.00			\$
				\$
Subtotal				\$
20% discount (campers who registered by 6/10/03)				\$
Add Tax (Price x .0575)				\$
Equipment Total Amount				\$
Note:				

EARLY BIRD \$269.00 / \$329 (NON-MEMBER) BY 6/10/03

• 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
7/10 (Thur)		Reg. begins - 11am		3:00 pm ~		7:00 pm ~	9:00 -	
7/11 (Fri)		9:30 am ~		2:00 pm ~		7:00 pm ~	9:00 -	
7/12 (Sat)		9:30 am ~		2:00 pm ~		7:30 pm ~	9:30 -	
7/13 (Sun)		9:30 am ~		12:30 pm~		Test 1:30-6:00 pm		

No. of Class [] Brkfst [] Lunch [] Dinner [] Room []

Amount [] + [] + [] + [] + [] = Total []

* Schedule of Class, meals, room must be indicated & cannot be changed without prior permission. * 50% of Fee must paid at Pre Registration - **Non refundable** due to commitment to University. Full pmnt. before Camp starts.

Full Time (3) night, 4days, Training, Room & Board	Full Time Reg. by 6/28/03	Full Time Reg. After 6/28/03	Part Time: Min. 3 Class \$115.00	Additional Class: \$30.00/Each
OMAC Member w/paid annual membership	\$289.00	\$349.00	Breakfast:\$4.95, Lunch: \$6.95, Dinner: \$9.95	
OMAC Member NOT paid OR Non-OMAC Member	\$349.00	\$399.00	Room: \$25.00 / Night (Dbl.Ocpncy.)	

- 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

Test Fee \$ _____ + Equip. \$ _____ + Camp Fee \$ _____ = Total Amount \$ _____ Total Paid \$ _____ Bal. \$ _____

How Paid : Cash Check Kind of Credit Card : _____ Credit Card # _____ Exp. Date ____/____/____

Things to Bring: Blanket/Sleeping Bag (Linen not provided), Pillow, Towels, Fan, 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, Note Book, Pen/Pencil, Water Bottle, Alarm Clock, Swim wear, Athletic Tape, Safety Pin, Lotion, BenGay, Your own sports equipment, Spending Money (Under \$40.00- 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 _____