2018 APTSDF Annual Instructor and CIT Symposium &

Southeastern Regional Black Belt Camp November 2nd, 3rd and 4th 2018

Date / Time:	Friday 11/2/18, check-in at 8:30 am for Instructor Symposium***and 3pm to 5pm for Black Belt Camp					
	Pick up on Sunday is at 12pm. Spectators wishing to watch promotion ceremonies may come as early as 11:30am. No camper should leave before 12pm without prior permission. All children must check-out with their chaperone					
Who:	All APTSDF Red Belts, Cho Dan Bo's and Black Belts					
Where:	Camp ASCCA 5278 Camp ASCCA Dr. Jackson's Gap, AL 36861-0021					
Participant Fees:	\$160.00 – On-Time Registration (by 10/12/18) \$170.00 – Late Registration (by 10/19/18) Includes extra-curricular activities and camp T-Shirt PRE-REGISTRATION ONLY					
	Instructor Training Symposium Registration = \$20.00					
	Chaperones: \$135.00 (does not include extra-curriculars or T-Shirt)					
	*** Please note that all chaperones will be responsible to chaperone a group of children for the weekend. There is no viewing of the camp by non-campers or chaperones. Chaperones must stay until children in their cabin have been checked out.					
Equipment:	Traditional White Uniform & Belt, Sparring Gear, Staff, Practice Knife, Practice Sword, Shorts, T-Shirts, Jeans, Sneakers, Sleeping Bag or Bed Linens, Pillow, Towels, Toiletries, etc.					
Information:	KJN St. James – Federation President and Founding Master, Camp Director or Camp Manager – Int. Master D. Jett, Federation Headquarters 770-614-0006					
	Camp Coordinators – Int. Master Deborah Jett and Int. Master Michael Jett					

To Register Complete Entry Form Attached, and return with your fee made payable to:

Atlantic Pacific Tang Soo Do Federation - Mail To: APTSDF/PO Box 3225/Suwanee, GA 30024

2018 Southeastern Regional Black Belt Camp General Info Sheet

When: November 2nd, 3rd and 4th

Who: All Masters, Black Belts, CDB's, and Red Belts

Note: Parents are welcome to join us if they are willing to work as chaperones.

Camp Check-in: Between 3 pm and 5 pm on Friday, November 2nd, 2018

Camp Check-out: At 12 noon on Sunday, November 4th, 2018

Camp Director: KJN, Contact 770/614-0006 or emergency calls only while at camp call Camp ASCCA.

Camp Coordinators: Int. Master Jett(s)

Where: Camp ASCCA

Address: P.O. Box 21, 5278 Camp ASCCA Dr., Jackson's Gap, AL 36861-0021

Phone: 256/825-9226 or fax 256/825-8332

Email: ascca@webshoppe.net

Camp Agenda: Will be in your camp packet at check-in

What to Bring: The following list is by no means complete. Pack whatever you feel you need to bring to

be comfortable for two days.

- 1. Pillow
- 2. Linen (bed and pillow + light blanket)
- 3. Towels
- 4. Toiletries
- 5. 1 to 2 uniforms
- 6. Several T-shirts
- 7. Pair of Shorts and Jeans
- 8. Sneakers
- 9. Bug Spray or Lotion
- 10. Sun Screen
- 11. Personal Water Bottle **Note:** We will provide water but you need to bring your own water bottle.
- 12. Flash Light
- 13. Personal Medicine (if applicable)
- 14. Personal Snacks and Beverages
- 15. Weapons (practice staff, practice knife, & practice sword depending on rank)

Note: If you own short sticks (kali/escrima), please bring them.

- 16. Light jacket (waterproof in case of rain)
- 17. Socks and underwear
- 18. Notebook and pen or pencil

2018 Southeastern Regional Black Belt Camp and CIT Symposium November 2^{nd} - 4^{th} 2018 Official Registration Form

Training Participant

NAME:			AGE:			M/F			
ADDRESS:			CITY	STA	ATE	ZIP	<u> </u>		
BELT RAN	K	INSTRUC	NSTRUCTOR						
SCHOOL N	AME:	SCHO	SCHOOL ADDRESS:						
T-shirt ord	er/Circle One: Cl	nild S, M, L or Ad	ult S, M, L, XL XX	L					
Rate from	1-3 vour prefer	ence for extracur	ricular activity, o	r choose (Class or	ılv.			
	Zip Line		Mini Golf Class only			Space is limited in the extracurricular event They will be assigned by registration date an preference. Register early!!!! First come, fin			
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Guardian S	ignature		nardian if entrant is un	Dat	e		-		
		(Must be signed by gu	ardian if entrant is un	der 18)					
Note: All	participants also mu	ist attach a completed	camp emergency info	rmation shee	t				

APTSDF 2018 Black Belt Camp Emergency Information Form

Name:			
Address:			
City:	State:	Zip:	
Emergency Phone:		· · · · · · · · · · · · · · · · · · ·	
Insurance Company Na	me		
Insurance Phone #			
I hereby give my permission for the Anamed person.	APTSDF camp staff to see	k emergency medical	attention for the above
I, the undersigned, for myself, my heirs, exec rights and claims for damages which I may he Federation, Karate World of North Georgia, any and all damages which may be sustained	have for officers of the Atlantic their successors, Camp Staff, m	Pacific Tang Soo Do Fede	eration, representatives of the
Student (Parent if under 18 years of	of age)	Date	

Special Note: Our Insurance Carrier and Camp ASCCA Requires Every Camper and Chaperone Sign This Form. We Must Have it Completed for Someone To Attend! There Are No Exceptions To This Rule.