

SIDEKICK, Inc.

D/B/A

World Forms & Fighting Champion
John Chung Tae Kwon Do Institute

Up & Coming Events

- **03/05/10** Exam for March *registration due*
- **03/13/10** 5K Family Fun Run @ R
- **03/20/10** Lansdowne Exams—please arrive early
- **03/22/10** Reston Exams—please arrive early
- **03/26/10** Friday Night Fights @ R
Tentative date, fighters are scheduling

Telephone: 1.800.SIDE.KICK
or **703.709.5425**

Fax: 703.709.5426

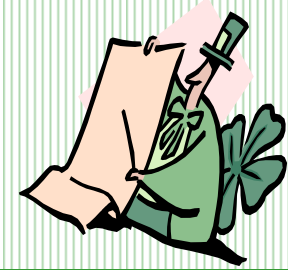
Mailing Address:
P.O. Box 3276, McLean, VA 22103

R-School Address:
11704 Bowman Green Drive
Reston, VA 20190

L-School Address: 44050 Woodridge Drive
Lansdowne, VA 20176

Email Address: JohnChung1@aol.com

March 2010



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	 13 5K Family Run
14	15	16	17 St. Patrick's Day	18	19	20 Lansdowne Exam
21	22 Reston Exam	23	24	25	 26 Friday Night Fights	27
28	29	30	31			

See SahBumNim for details

This Month: **Improve Details**—Practice the Blocking DVD,



World Forms & Fighting Champion

John Chung Tae Kwon Do Institute

24th Annual Boot Camp for Martial Artist

Overnight Camp All Inclusive — \$ 950.00 pp on or before 04/01/10

SUNDAY, AUGUST 15, 2009 THROUGH SUNDAY, AUGUST 22, 2009

3rd Annual Summer TKD Fun *Day Camps*

\$ 275.00 pp per week – Includes fun and food

9:00AM--5:00PM Mon-Fri

\$ 150.00 pp per week Session A 9:00 am-12:00 noon

\$ 150.00 pp per week Session B 1:00 pm-5:00 pm

July 5th-9th July 12th-16th July 19th-23 July 26th-30th

August 2nd-6th August 9th-13th August 23rd-27th

Boot Camp August 15th – 22nd

Student Name	Date (s)	Session (s)	Fee (s)	Total
Age				
Rank				
Payment Method				

5k Family Run



**World Cup
Academic Scholarship Fundraiser**

Date:
Saturday, March 13, 2010

**Start Time: 3:00 PM
Check-In @ 2:30 pm**



Sponsored by:

**John Chung
TaeKwonDo
Institute**

Entry fees:

**\$50.00 per person by 03/10/10
Includes T-shirt & snacks**

**Make check s Payable to: WCMAO
World Cup Martial Arts Organization**

Starting Location & Ending Location:
**11704 Bowman Green Drive
RESTON, VA 20190**

For more information or to register call:

**John Chung @ 703.709.KICK
Phone: 1.800.SIDE-KICK
Email: JohnChung1@aol.com
Donations Welcomed**

Prizes



T-shirt Size: S M L

Name _____

Email: _____

Cell Phone: _____

Age on race day _____

Waiver: The participant acknowledges that 5K family run involve physical contact and other activity which may cause injury to the participant. Participant hereby releases and waives any and all claims or causes of action against SIDEKICK Inc, its officers, agents, staff and/or its insurance carriers and assumes all risks of injury of whatever nature the participant may sustain while participating in 5K, or elsewhere. Having assumed all risks of injury, should any liability be imposed upon SIDEKICK, Inc, its officers, agents, staff and/or its insurance carriers for any physical or mental injury of whatever nature by a court of competent jurisdiction, it is expressly agreed that the amount of liability shall be limited to the monetary value of the program purchased. The participant hereby represents that the participant is physically and mentally fit to participate in the 5K and represent that the participant has had and passed a complete physical within the past twelve months from the date of this agreement. The participant represents that he/she will maintain health insurance coverage throughout the term of the Agreement.

Signature of Participant or Signature of parent or guardian if under 18 years of age. _____

Date _____