



2019 Eric Rose Memorial Championship Athlete Registration Form

Name - First:		Name - Last:	
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
Date of Birth:		Current Age:	
Belt/Rank:	<input type="checkbox"/> White/Yellow (10th-7th Guep)	<input type="checkbox"/> Red (2nd and 1st Guep)	
	<input type="checkbox"/> Green/Blue (6th-3rd Guep)	<input type="checkbox"/> Black Belt	
Taekwondo School:			
Street Address:			
City:		State:	Zip Code:
		Email:	

Choose Participating Events
(1st event \$70 each additional event \$10)

- | | |
|-------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Poomsae | <input type="checkbox"/> Sport Poomsae (Black belt cadet, up) |
| <input type="checkbox"/> Creative Weapons | <input type="checkbox"/> Sparring |

Weight Division: (See tournament weight div. chart)

Spectator Tickets (\$8 pre-sale, \$10 day of tournament)	Qty: <input style="width: 50px;" type="text"/>
-------------------------------------------------------------	------------------------------------------------

Total Registration Costs: \$

Please make checks payable to: <u>KICKS TAE KWON DO</u>	Check Number:
---------------------------------------------------------	---------------

- Visa
- Mastercard
- Ammex
- Discover

CC Number:	Exp Date:	Cv2:
Name on Card:		Zip:

Completed forms can be submitted the following ways:

- Email to rosekicks@comcast.net
- Mail to Kicks TKO, 35004 W. Michigan Ave Suite A, Wayne MI, 48184
- Fax to Kicks TKO at 734-728-3031