



2019 Eric Rose Memorial Championship Coach Registration Form

Name-First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: - - Email: _____

Date of Birth: ____ / ____ / ____

Please check all Coaching Certifications you Have attained:

- None
- AAU Coach Certification
- USAT Associate Coach Certification
- USAT Level 1 Coach Certification
- USAT Level 2 Coach Certification
- Other _____

Taekwondo School : _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: - - Email: _____

Completed forms can be submitted the following ways.

-Email to rosekicks@comcast.net

-Mail to Kicks TKD, 35004 W. Michigan Ave Suite A, Wayne MI, 48184

-Fax to Kicks TKD at 734-728-3031