



# 2019 Eric Rose Memorial Championship Referee Registration Form

Name-First: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: - - Email: \_\_\_\_\_

Date of Birth: / / Referee Class: \_\_\_\_\_

Shirt Size:  Small  Medium  Large  X-Large  XX-Large.

If you do not have an EWR Red Memorial polo please check the appropriate size above.

Taekwondo School : \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: - - Email: \_\_\_\_\_

Completed forms can be submitted the following ways.

-Email to [rosekicks@comcast.net](mailto:rosekicks@comcast.net)

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

-Fax to Kicks TKD at 734-728-3031