



2018 Eric Rose Memorial Championship Athlete Registration Form

Name-First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: - - Email: _____

Date of Birth: / / Your Current Age _____

Gender: Male Female

Belt/Rank White/Yellow(10th-7thGuep) Red (2nd and 1stGuep)
 Green/Blue(6th-3rdGuep) Black Belt

Taekwondo School: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: - - Email: _____

Choose Participating Events

(1st event \$70 each additional event \$10)

- Poomsae Sport Poomsae (Black Belt Cadet, up)
- Creative Weapons Sparring

WEIGHT DIVISION: _____
(See tournament weight div. chart)

Spectator Tickets Qty.
(\$8 pre-sale, \$10 day of tournament)

PLEASE MAKE CHECKS PAYABLE TO: **Kicks Tae Kwon Do** Check # _____ **TOTAL** _____

VISA MASTERCARD AMMEX DISCOVER

C.C. Number _____ Exp. Date _____ Cv2 _____

Name On Card _____ Address _____ ZIP _____