



# 2018 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](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