



Please Print:

Name _____
Last Name First Name Middle Initial

Date of Birth ___/___/___ Age: ___ Please check one: Male ___ Female ___

Street Address _____ City: _____ State: ___ Zip Code _____

Home Phone #: _____ Work Phone #: _____ E-mail: _____

USTU Member #: _____ Dan #: _____ Rank/Dan: _____

Name of Taekwondo School: _____

Instructor Name: _____ School/Instructor's Phone #: _____

Check One: First time applicant ___ Refresher Course ___ Upgrade Course ___

Current Referee Classification: ___ Referee Certificate #: _____

PLEASE NOTE: You MUST be at least 16 years of age. A current USTU competitor member and be at least 1st Dan black belt in order to receive a Referee Certificate!

I hereby do pledge to accept the Rules and Regulations of the USTU and the Code of Operations of the USTU Referee Committee.

Signature of Applicant: _____ Date: _____

Fee \$45.00 Visa MasterCard American Express
Check #: _____ Credit Card #: _____ Exp. _____
Name on Credit Card _____ Signature _____