

Kummooyeh Seminar June 27-29, 2025



Please Print Clearly

SEMINAR FEES:

Make checks payable to: U.S. Central Taekwondo Association \$90 for 1 day (Fridays included) \$145 for 2 days (Fridays included)

SEND REGISTRATION & FEE TO:

U.S. Central Taekwondo Association 10801 S. Sunnylane Road Oklahoma City, OK 73160 Tel: 405-793-0752

Email: gmwons@gmail.com

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|--|-------------------------|-----------------------------------|------------------|---------------------------|--|
| Name | Aş | ge DOB (m/ | d/y) Email _ | | |
| Address | | Tel. () | | | |
| City | | State_ | Zip | Gender | |
| Club | | Instructor's Name | | | |
| Club: Address | | Tel. () | | | |
| City | | State | Zip | | |
| Taekwondo Rank: | | Gumdo R | ank: | | |
| Do you plan on taki | ng the promotion rai | nk test? □ Yes □ | No | | |
| director or his employees Participant's Signature | | • | • | | |
| If Participant is under 18 | years of age, Signature | of Parent/Guardian | | | |
| Please Circle or Check | the Participating Time | s (reminder Friday | s are included): | | |
| | | Saturday June 28 10 am – 5 pm* | | 9 * Lunch break 1-2 pm | |
| efunds | | | | | |
| Credit Card #: | | | Exp Date: | CVV: | |
| Cardholder's Name: | | | Card Type: | Total Pmt: | |
| Authorization Signati | lre: | | | Date: | |