



INTERNATIONAL TANG SOO DO FEDERATION™

Team Registration Form

School Name			
School Address			
City	State	Zip	
Instructor's Name And Rank			

**Forms Competition
Black Belts 16 years and up!**

1. _____

2. _____

3. _____

**Men's Sparring
Black Belts 18years and up!**

1. _____

2. _____

3. _____

**Women's Sparring
Black Belts 18 years and up!**

1. _____

2. _____

3. _____

**Junior Forms Competition
Black Belts 12 to 15 years**

1. _____

2. _____

3. _____

I must demonstrate a serious responsibility in the execution of my assigned duties as our teams supervising Instructor

Instructors Signature _____ Date _____

Method of Payment: Cash Check _____ M/C or Visa
Credit Card # _____
Expiration Date _____ Security Code _____

**For Information or Questions
Contact:**

International Tang Soo Do Federation™
3955 Monroeville Blvd.
Monroeville Pa. 15146

Ph: 412-373-8666 Fax 412-245-1617
Or E-mail: info@iftangsoodo.com

PLEASE READ! Registration must be received no later than **JULY 8TH, 2016**. Payment in full must be enclosed with this form along with pictures for the program book.
Do not include payment for teams in your other tournament registration forms!