



International Poomsae Referee Certification & Refresher and Poomsae Seminar

December 11—12, 2014 Portland, Oregon USA

First Name: _____ Last Name: _____
 Date of Birth: ____ / ____ / ____ Email: _____ Phone: _____
 Address: _____ City: _____ State _____ Zip _____
 Country: _____ Rank: _____ Belt Kukkiwon Dan: _____ Dan
 Your Current Referee Certification: PATU: _____ WTF: _____ USAT: _____ Level: _____.

PLEASE CHECK THE APPROPRIATE BOXES BELOW

SEMINAR TYPE	DATE	COST	Total
() Int'l Poomsae Referee Certification	December 11 - 12, 2014	USD \$200.00	
() Poomsae Referee Refresher	December 11 - 12, 2014	USD \$100.00	
() WTF Poomsae Seminar 9am - 3pm	December 12, 2014	USD \$100.00	
			\$

*Referee Certification & Refresher is from 9am to 5pm on 12/11/14 and 9am to 3pm on 12/12/14.

Payment Type: CASHIER'S CHECK MONEY ORDER VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____

EXP. DATE: ____ / ____ SECURITY CODE: _____ NAME ON CARD: _____

SIGNATURE OF CARD HOLDER: _____ ZIP CODE: _____

Mail to: PATU 8001 SE Powell Blvd. Suite O Portland, Oregon 97206 USA or Fax to 503.777.7071 or Email to PanAmOpen@hotmail.com

LIABILITY WAIVER

I, the undersigned, do hereby declare to assume full responsibility of myself from all injuries, and/or deaths and/or property damages during **PATU Referee and IR Refresher Course**, and further release, waive, discharge, and covenant not to sue the **Pan American Taekwondo Union** and the directors, the promoters, the instructors, other participants, volunteers, operators, officials, sponsors, advertisers, owners and lessee of premises used to conduct the course or seminar and each of them, their officers and employees, all for the purposes herein referred to as "releases" from all liability to myself, for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of myself, whether caused by the negligence of the releases or otherwise while I am in or upon the resurrected area, participating, observing, or working for, or for any purpose of participating in the above mentioned course or seminar. I authorize Pan American Taekwondo Union to process my credit card through third party processing if paying by credit card. Amount paid is not refundable.

Name: _____ Signature: _____ Date: _____

Parent / Guardian: _____ Signature: _____ Date: _____