

REFEREE REGISTRATION FORM

32nd Annual Oklahoma Invitational Taekwondo Championship

February 18, 2017

DEL CITY HIGH SCHOOL

1900 S. SUNNYLANE RD. DEL CITY, OK 73115

Name _____ Age _____

Sex _____

Address _____ City _____

State _____ Zip _____

Email _____

Referee _____ Class _____ Rank _____

Tel _____

School _____ Instructor _____

Referees 16 & up will receive \$40 or may compete in one event (Forms or Special Event Only)
Must referee all day in order to receive.

If you plan on competing please write your event in the blank space provided: _____

**I agree to volunteer my services to the 32nd Annual
Oklahoma Invitational Taekwondo Championship.**

Signature _____

Date _____

**Please respond and mail back before February 11th so we
can prepare your appreciation plaque.**