



(Number)

UITF Use Only

Unified International Taekwon-Do Federation

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APPLICATION FOR DEMONSTRATION TEAM

NAME: _____
(Mr/Mrs/Miss) First Name Last Name

ADDRESS: _____ DATE OF BIRTH: _____ AGE: _____
_____ PLACE OF BIRTH: _____
City / State / Country

PHONE: _____ US PASSPORT#: _____
EMAIL: _____ US CITIZEN OR LEGAL RESIDENT? _____

SCHOOL: _____ UITF MEMBER#: _____
INSTRUCTOR: _____ INSTRUCTOR RANK: _____

PERSONAL HISTORY: _____

1. I understand that Unified International Taekwon-Do Federation has the right to review applications and accept based on quality and talent. Y / N
2. I understand that participation in UITF Taekwon-Do Demonstration Program is voluntary and without compensation to the participant by UITF. Y / N
3. I understand that any planned UITF event, seminar, training, and even the scheduled demonstration may be canceled or rescheduled. Y / N

Submit two passport pictures of yourself in proper ITF uniform.

Signature

Date