



United States International Taekwon-Do Federation

Event Application

Event to be Scheduled: _____

Promoter of Event: _____ **Is This a yearly event? Yes** **No**

Date of Event: 1st Choice _____ **2nd Choice** _____ **3rd Choice** _____ **Time:** _____

Location _____

Special Guests at event, if any: _____

If Tournament:

Is this to be US ITF sanctioned? **Yes** **No**

Who is the Director? _____

Who is Chief Referee? _____

If Testing:

What rank is testing? **Gup** **Dan**

What school or schools will be tested? _____

Has the test board been notified? **Yes** **No**

Application was Presented to Regional Dir _____

Signature of Regional Director _____

Prested to Headquarters _____

Approved _____ **Not Approved** _____

Date approved _____ **Committes Suggested Date** _____

Other Information
