

INVITATION - JUDGING CERTIFICATION



We would like to invite you to our Judging Certification Clinic on **Friday, June 14th** at the Adult Dan Camp at the University of Pittsburgh - Johnstown. This Clinic is for Cho Dan and above Dan Members who are registered for the 2019 Adult Dan Camp. There is a \$15 registration fee

for the Judging Certification Clinic, which includes a patch and certificate upon successful completion of the certification process.

If you wish to attend the Judging Clinic, you must pre-register via e-mail with Master Susan Strohm by **June 7th, 2019**. After you pre-register, print and bring your registration form and the \$15 fee to the event. (Please pay by check - payable to WTSDA-Region 22).

Please bring your Judging Experience Log and be sure to read the WTSDA Rulebook *before* attending this seminar. Please note that this clinic is for **certification only**, and no training will be taking place at this event. Our Judging Certification Clinics are very valuable in maintaining the quality of the judges who are certified. We hope you can take this opportunity to attend.

Tang Soo!!

Master Scott C. Homschek – Region 22 Director
 Master Mark Jorgensen – Region 22 Judging Training
 Master Susan Strohm – Region 22 Judging Administrator

WHEN June 14th, 2019, 7:00-9:30 p.m.
& WHERE: University of Pittsburgh- Johnstown

COST: \$15.00
 (checks payable to WTSDA-Region 22)

ELIGIBILITY: **All currently registered Cho Dan or above Dan Members who are registered for the 2019 Adult Dan Camp.**

2019 Judging Certification Registration Form – Adult Dan Camp, Friday June 14th.

Please type or print legibly. **Please pre-register via Email by June 7th, 2019.**

Pre-register by submitting an e-mail copy of this form to Master Susan Strohm at: smsamwma@comcast.net

NAME:		AGE:		GENDER:	
DAN #		RANK:			
ADDRESS:					
PHONE:		CELL PHONE:			
EMAIL:					
STUDIO:					
INSTRUCTOR:					
EMERGENCY CONTACT INFORMATION					
NAME:					
PHONE:		RELATIONSHIP:			

I will obey all required rules and regulations and also assume full responsibility for any of my actions during and in connection with said clinic. I agree that my performance or attendance at the Clinic may be filmed or otherwise recorded or telecast live and I consent to the use by the World Tang Soo Do Association, its assignees and licensees including any public news media, of my name, likeness, voice, poses, pictures and biographical form or language with or without other materials, throughout the world without limitation for television, radio and/or theatrical motion pictures by any devices now known or hereafter devised. I waive any compensation whatever for said photos/videos.

I wish to attend (\$15.00):

Certification:	Corner:	Center:	(Check One)
Recertification:	Corner:	Center:	(Check One)

STUDENT: _____
 (Signature)

INSTRUCTOR: _____
 (Signature)

For additional information, contact Master Strohm at: smsamwma@comcast.net