



2015 WILD CARD APPLICATION

Last Name: _____ First Name: _____
(As it appears on Passport)

Date of Birth: _____ Male / Female Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Primary Email: _____ Weight Class Competing in: _____

Personal Coach Name: _____

1) Please state your proven medical reason for not being able to compete in the 2015 National Championships or to qualify through any other method. Please be as detailed as possible with your description. Physical or written proof of the stated medical condition must accompany this application for consideration:

Three horizontal lines for providing a medical reason.

2) Current WTF Point Ranking: _____

3) Best competition finishes in the last 3 years (include weight class competed in for each best finish)

Three horizontal lines for listing best competition finishes.

Only completed applications submitted to the USAT High Performance Department by the close of business on December 1, 2015 will be considered. The High Performance staff will carefully consider all complete applications. The High Performance staff is not required to fill any or all of the Wild Card quotas.

To be filled in by USAT High Performance staff

Application: Into Phase 3, 2014 National Team Trials

Approved / Denied

Signature of High Performance Staff Member

Date

Please forward all complete applications to USA Taekwondo High Performance at

Patrick.wentland@usa-taekwondo.us or fax to 719-866-4642



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