

Gup Certificate Order Form

Date: _____

School Name & Mailing Address:

Club Name _____ USAT Club# _____

Address _____

City _____ State _____ Zip _____

Phone #: _____ Email: _____

Instructor Name: _____

Instructor Signature: _____

Color Amount

Yellow _____

Green _____

Blue _____

Red _____



Total amount ordered _____ Total amount enclosed: \$ _____

Orders of 100 or more = \$2.00 each

Orders under 100 = \$3.00 each

(Add \$10.00 for Shipping & Handling)

Cashier's Check _____ Money Order _____ Visa _____ Discover _____

Mastercard _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zipcode: _____

Card Holder: _____

(Printed Name on Card)

Card Holder's Signature: _____

Please mail or fax requests to:

USA Taekwondo
1 Olympic Plaza,
Colorado Springs, CO 80909

Phone: 719 866 3632
Fax: 719 866 4642
Email: Michelle.ashton@usa-taekwondo.us