



**JUNIOR LEADER APPLICATION**  
 American Taekwondo Association, Box 193010, Little Rock, AR 72219  
 Fax: 501-568-4492



8/28/09

\_\_\_\_\_ FAMILY MEMBER(S): Last name connection if different than \*Name below: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ATA/WTTU # \_\_\_\_\_ - \_\_\_\_\_ Rank \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

\*Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of Parent(s) or Legal Guardian(s): \_\_\_\_\_

**I understand that I will not receive State Champ Points until all appropriate paperwork and fees have been received and processed by ATA HQ. My signature verifies that I know that applications will not be backdated for any reason by ATA HQ as this affects everyone within the organization. I also understand that this process can take up to 2 - 3 weeks. I further understand that I may not wear the red/white/blue collar of a Junior Leader until I receive a letter of acceptance from ATA Headquarters.**

Signature of Applicant: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

School Owners signature: \_\_\_\_\_

**School/Club Owner Information:**

Owner Name: \_\_\_\_\_ Schl. number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

<b>ATA Headquarters use only:</b>	
School #	_____
Due \$	_____
Paid \$	_____
Date Received	_____
Payment type:	_____

**School/Club owner use only: Payment received for applicant**

Due \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Date received \_\_\_\_\_ Payment Type: \_\_\_\_\_

Payment to HQ via: Check \_\_\_ OR Credit Card \_\_\_

Credit Card Expire Date \_\_\_\_\_ Credit Card # \_\_\_\_\_

Name on Credit Card \_\_\_\_\_