



2024 Point Patch Order Form

Athlete Name: _____

Parent Name: _____

Patch Requested: _____

Number of Patches requested: _____ x \$10 = Total Due _____

CREDIT CARD AUTHORIZATION

Cardholder Name: _____

Address: _____

City, State & Zip: _____

Credit Card Type (circle one): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number _____ Exp. Date: _____ CVS Number: _____

STATEMENT: I authorize USA Taekwondo to charge the amount stated above for my patch order.

CARDHOLDER SIGNATURE _____ DATE _____

Please complete this form and as long as we have patches in stock, we are happy to send them to you.

You can email this form to sross@usatkd.org or you can mail to 1 Olympic Plaza, Colorado Springs, CO 80909 for processing.