**Shipping Information Form**

Please fill out this form and submit to WT Member Relations & Development Department member@worldtaekwondo.org.

|  |  |
| --- | --- |
| Name of your Member National Association: |  |
| Name of the camp: |  |
| Recipient/Coordinator: |  |
| Shipping Address: |  |
| Office Number: |  |
| Phone Number: |  |
| Email Address: |  |

**Notes for any request for shipment**

|  |  |
| --- | --- |
| Member National Association: |  |