



# FREE Training Voucher



## THE MARK FARNHAM SCHOOLS OF TAE KWON-DO

**Martial Arts - Tae Kwon-Do - Self Defence - Kickboxing Training - For Men Women & Children**

Thank you for your interest in Tae Kwon-Do classes, in the March area.

I would like to take this opportunity to personally invite you to 2 FREE Taster Lessons at your local TAGB Tae Kwon-Do School.

Along with this invite is a first lesson questionnaire, which I would like you complete and bring with you to your first lesson.

During your two FREE taster lessons, you will be given an enrolment pack containing all the relevant information required to join, including details of cost and application forms. Please note at no time are you obliged to join.

If during your FREE taster lessons you have any questions please do not hesitate to ask any of the Instructors.

For your FREE taster lessons you will need to wear, tracksuit/jogging bottoms and tee shirt/sweat shirt please bring with you a drink in a sealable/sports bottle and the completed First Lesson Questionnaire.

I look forward to seeing you soon.

Yours in Tae Kwon-Do

Mark Farnham 6th Dan  
Senior Instructor TAGB Tae Kwon-Do  
Tel: 07771644460



|  |   |
|--|---|
| Your Local TAGB Tae Kwon-Do School is: | March   |
| Training Venue:                        | The Neale-Wade Community College,<br>Wimblington Road,<br>March,<br>Cambridgeshire.<br>PE15 9PX |
| Training Times:                        | Wednesdays 6.30 to 8.00pm   |

Notes: This class is suitable for beginners and existing Tae Kwon-Do students

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### FIRST LESSON QUESTIONNAIRE:

Thank you for taking an interest in this TAGB Tae Kwon-Do School.  
Before you take part in any lesson you **MUST** complete this basic questionnaire **FULLY**  
and hand in to the school instructor at your first FREE lesson.

|   |                            |
|---|----------------------------|
| Students Full Name:   |                            |
| Full Address including postcode:  |                            |
| Telephone Number:   |                            |
| Email Address:  |                            |
| How did you hear about TAGB Tae Kwon-Do?  |                            |
| Have you done any martial art training before?<br>If yes please give details:   |                            |
| Is there any known medical reason why you should not take part in a Tae Kwon-Do lesson?   |                            |
| Do you suffer from any of the following? HEART DISORDER / ASTHMA / MIGRAINE / EPILEPSY / DIABETES / NERVOUS DISORDER / HAEMOPHILIA / HAY FEVER / Any others.....<br>If YES please give details: |                            |
| Signed:   | Date of first FREE lesson: |
| Parents to sign if student under 16 years of age  |                            |

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