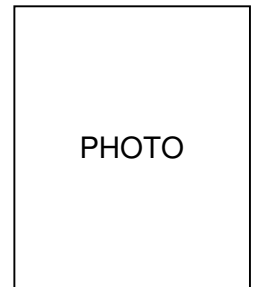




TAE KWON-DO ASSOCIATION OF GREAT BRITAIN

INSTRUCTORS COURSE APPLICATION FORM



DATE OF COURSE

VENUE

FULL NAME(MR/MISS/MRS/MS) DOB

ADDRESS

POSTCODE

TEL NO. EMAIL ADDRESS

LICENCE NO. EXPIRY DATE

GRADE TAGB ID No.

TAGB SCHOOL

INSTRUCTOR'S NAME

APPLICANT'S SIGNATURE

INSTRUCTOR'S SIGNATURE

OFFICIAL USE ONLY

THE ABOVE APPLICANT HAS / HAS NOT BEEN ACCEPTED FOR THE

COURSE ON

DATE

Completed forms and relevant fee (Payable to TAGB) should be forwarded to
TAE KWON-DO, PO BOX 535, Weston-Super-Mare, North Somerset, BS23 9EX