



TAE KWON-DO ASSOCIATION OF GREAT BRITAIN



# INSTRUCTORS COURSE APPLICATION FORM

Tick box if accomodation required

Friday

Saturday

PHOTO

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  
TAGB TRAINING HEADQUARTERS, 163A CHURCH ROAD, REDFIELD, BRISTOL, BS5 9LA