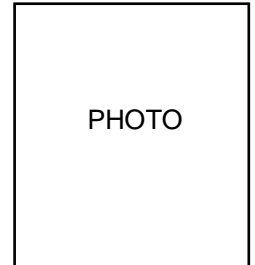


INSTRUCTORS COURSE APPLICATION FORM



DATE OF COURSE.....

VENUE.....

FULL NAME(MR/MRS/MISS).....DATE OF BIRTH.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE NO.....EMAIL ADDRESS.....

LICENCE NO.....EXPIRY DATE.....

GRADE.....TAGB ID No.....

TAGB SCHOOL.....

INSTRUCTORS NAME.....

APPLICANTS SIGNATURE.....

INSTRUCTORS 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**