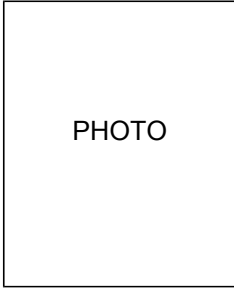




TAE KWON-DO ASSOCIATION OF GREAT BRITAIN

# INSTRUCTORS COURSE APPLICATION FORM PART 1



FULL NAME (M ) \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
POSTCODE \_\_\_\_\_

TEL NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LICENCE NO. \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

GRADE \_\_\_\_\_ TAGB ID No. \_\_\_\_\_

VENUE \_\_\_\_\_

DATE OF COURSE \_\_\_\_\_

TAGB SCHOOL \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_

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**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