TAE KWON-DO ASSOCIATION OF GREAT BRITAIN





Request to Attend

FIRST AID COURSE

DATE of COURSE: …………………………………

FULL NAME (MR/MRS/MISS) ………..........................................................................................................  
ADDRESS …………………………………………………………………………………….

………………………………………………………………………………….…

POSTCODE ……………………………………………………………………………...……..

TELEPHONE NO ....................................................................................................................  
EMAIL ADDRESS ....................................................................................................................   
LICENCE NO ...........................................TAGB ID No………………...............................

EXPIRY DATE ..................……................. DATE OF BIRTH............…..............................

APPLICANTS SIGNATURE .....................................................................................................................

INSTRUCTORS NAME .....................................................................................................................

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This form must be completed in **FULL** and submitted to the address below along with the following:

* Your cheque for **…£60**………………Payable to WETA

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**All applications must be in by 2 weeks prior to the course start date**

**Please send completed form to:**

**TAE KWON-DO South West  
PO BOX 535, Weston-Super-Mare, North Somerset, BS23 9EX**