

FREE Training Voucher

Martial Arts - Tae Kwon-Do - Self Defence - Kickboxing Training - For Men Women & Children

Thank you for your interest in TAGB Tae Kwon-Do classes, in **Exeter.**

I would like to take this opportunity to personally invite you to **1 Month FREE Training** Exeter TAGB Tae Kwon-Do School.

Along with this invite is a first lesson questionnaire, which I would like you to complete and bring with you to your first lesson.

During your FREE lessons, you will be given an enrolment pack containing all the relevant information required to join, including details of cost, equipment required and application forms. Please note at no time are you obliged to join.

If during your FREE taster lessons you have any questions please do not hesitate to ask any of the Instructors

I look forward to seeing you soon.

Yours in Tae Kwon-Do



Ben Cheriton - D

Ben Cheriton -3rd Dan INTERNATIONAL

Exeter TAGB Tae Kwon-Do

Tel: 07774 284000

Your Local TAGB Tae Kwon-Do School is	Exeter Eagles	TAGB Tae Kwoi	า-Do School
Training Venue:	West Exe Technology College Hatherleigh Road Exeter EX2 9JU	Montgomery Primary School Redvers Road, St Thomas Exeter EX4 1BS	St Peters High School Quarry Lane Exeter EX2 5AP
Training Times	Monday Juniors 6pm-7pm Adults 7pm-8:30pm Black Belts 8:30pm-9pm	Wednesdays Juniors 6pm-7pm Adults 7pm-8:30pm	Thursdays All Students 6:30pm – 7:30pm
Notes: These classes are suitable for beginners and existing Tae Kwon-Do students			

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FIRST LESSON QUESTIONNAIRE:				
Thank you for taking an interest in this TAGB Tae Kwon-Do School. Before you take part in any lesson you MUST complete this basic questionnaire FULLY and hand in to the school instructor at your first FREE lesson.				
Students Full Name				
Full Address including postcode				
Telephone Number				
Email Address				
How did you hear about TAGB Tae Kwon-Do?				
Have you done any martial art training before? If yes please give details				
Is there any known medical reason why you should not take part in a Tae Kwon-Do lesson?				
Do you suffer from any of the following? HEART DISORDER / ASTHMA / MIGRAINE / EPILEPSY / DIABETES / NERVOUS DISORDER / HAEMOPHILIA / HAY FEVER / Any others				
If YES please give details:				
Signed		Date of first FREE lesson		
Parents to sign if student under 16 v	years of age			

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