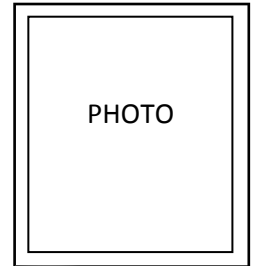


REQUEST TO ATTEND FIRST AID COURSE

11 May 2013



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

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

- Your cheque for ...£60.00.....

All applications must be in by**ASAP**.....

Please send completed form to:
TAE KWON-DO South West
PO BOX 535, Weston-Super-Mare, North Somerset, BS23 9EX