

TAEKWONDO NB SCHOOL SACTIONING REGISTRATION FORM

Taekwondo NB school instructors must complete and mail this application along with the Taekwondo NB school membership applications and fees to the address below **before September 30th** o register your school with Taekwondo NB for the new year. (Taekwondo NB schools that do not begin until after September 30th must still mail this completed application **before September 30th** and indicate the start up date of the school. The school then has thirty days from this start date to remit Taekwondo NB's membership applications and fees). **Please Print Clearly.**

W.T.F Taekwondo School Name: _____

Taekwondo School Start up date: Day: _____ Month: _____ Year: _____ /OR Full Time ()

Taekwondo School Address: _____

City/Ville: _____ Postal Code/Postale: _____

Taekwondo School Phone #: _____ Cell/Fax #: _____

Instructor/Instructeur: _____

Instructor's Date of Birth: Day: _____ Month: _____ Year: _____

Instructor's Address: _____

City/Ville: _____ Postal Code/Postale: _____

Home phone #: _____ Cell #: _____

E-Mail: _____

Instructor/Instructeur rank: _____

Kukkiwon Certificate #: _____

Photo copy of kukkiwon certificate to be returned with this registration form

NCCP Certificate #: _____

Instructors of taekwondo NB schools must have their NCCP level one theory – send photo copy of certificate

Instructor's Master Instructor: _____

Indicate where you want correspondence mailed:

Taekwondo School Address ()

Instructors Address ()

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For Office Use Only

Date Received: Day: _____ Month: _____ Year: _____

School: Accepted () Rejected: ()

Comments: _____

