GOA TAEKWON-DO FEDERATION (I.T.F.)

affiliated to TAEKWON-DO ASSOCIATION OF INDIA &
INTERNATIONAL TAEKWON-DO FEDERATION

PLEASE FILL THE FORM IN BLOCK LETTERS

CENTRE

MEMBERSHIO NO

PHOTOGRAPH

NAME

DATE OF BIRTH AGE SEX DATE OF REGN.

M F

APPLICANT'S OCCUPATION

PREVIOUS MARTIAL ARTS TRAINING, IF ANY

RESIDENTIAL ADDRESS

TELEPHONE NO.

FATHER'S NAME & OCCUPATION

OFFICIAL ADDRESS & TEL. NO.

MOTHER'S NAME & OCUPATION

ADDRESS

NAME OF SCHOOL & ADDRESS

ANY RECURRENT / PRESISTENT MEDICAL PROBLEM

BLOOD GROUP :
WEIGHT :
HEIGHT :

I hereby declare all the information given above is correct. I shall use my training only for self defense and will uphold the dignity and integrity of the art. I understand the association and the instructors are not responsible for any injury sustained by me during the training.

DATE PARENT'S SIGNATURE APPLICANT'S SIGNATURE

COST OF FORM Rs. 5/- (RUPEES FIVE ONLY)