International Ch'ang-Hon Taekwon-Do Federation

Registration for Referee Course - Club

FOR ADMINISTRATIVE USE

Date Received: _____ Date Processed: _____ Other : _____

❑ Master ❑ Mr. ❑ Mrs.
❑ Miss ❑ Ms.

HEAD INSTRUCTOR'S FIRST NAME (please print clearly)	MIDDLE INITIAL	LAST NAME (please print clearly)

SCHOOL NAME

SCHOOL ADDRESS

TELEPHONE NUMBER	FAX NUMBER	EMAIL

PRESENT RANK	ICTF MEMBERSHIP NUMBER

Please note that all the T-shirts will be shipped to the address above.

Student Name	Age	Rank (Specify Gup or Degree)

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Please submit this form along with the individual Application Forms and set fees for each person attending the course. All payments must be made to the ICTF.

SIGNATURE	DATE

ICTF Administrative Services • 5732 Highway 7, Unit 1 • Woodbridge, ON Canada • L4L 3A2 • Fax: (416) 679-1466