

SUMMER CAMP 2010

AT VERYAN SPORTS CLUB, VERYAN, Nr.TRURO, CORNWALL, TR2 5UW

Saturday 31st July – Saturday 7th August 2010.

To: The Chief Instructor, South West of England T.A.G.B.		PHOTO Required
PART 1		
I wish to enrol in this years Summer Camp (All sections must be completed)		
Forenames		
Surname (Mr. Mrs. Ms)		
Date of Birth:		
Present Address: Inc postcode		
Telephone no: (inc area code)		
Emergency Telephone no		
Email Address.(Required)		
PART 2		
TAGB Licence No		Expiry Date
Present Kup / Dan		
T.A.G.B. School:		
Name of Instructor:		
Size and Type of Tent:		
I am sharing with:		
Teeshirt size		
PART 3		
Camp commences on 31/07/10 and ends on 07/08/10. I hereby enclose a cheque / cash for £80.00 (£60.00 non-training) in full payment of this summer camp. (Please make cheques payable to: West of England Tae Kwon-Do).		
PART 4		
I certify that the above facts are correct. I hold myself responsible for any injury that I may sustain while practising, being taught, or competing in Tae Kwon-Do. I further undertake to the rules and regulations of this camp if I am accepted as a member. I declare that I am fit and in good health.		
NOTES		
<i>Fees paid are non-returnable under any circumstances unless medical evidence is provided.</i>		
Signature of Applicant	Date	
Signature of Witness	Date	
Signature of Parent/Guardian (For applicants under 18 years of age)	Date	