***☞ In order to participate, you are required to return this application form to the WTF Education Department(fax to +82 2 553 4728, call to +82 2 3420 1443 or e-mail to*** ptp@wtf.org)

***☞ Please print or type t in ALL CAPITAL LETTERS in ENGLISH***

|  |  |  |  |
| --- | --- | --- | --- |
| **Course**(Please select your desired course and marks the blanks) | **Athletes &****Instructors Course** | **Para Taekwondo Course** | **Cadet Camp** |
| **(Athletes or Instructor)** |  |  |
| **Name** | **First name Middle name Family name** |
| **Nationality** |  | **Gender** | **M( ) / F ( )** |
| **Date of Birth** | **(mm / dd / yy)** | **Country of Birth** |  |
| **Occupation**  |  |
| **Kukkiwon Dan Grade**  |  | **Date of Issue****(mm / dd / yy)** |  |
|  |
| **Tel** | **(Home) (Mobile)**  |
| **Fax** |  |
| **E-mail** |  |
| **Postal Address** |  |

**I hereby submit my application to attend the 2016 WTF Partnership Taekwondo Program to be conducted by WTF.**

Date: Signature:

Flight schedule

**Please return this form to the WTF education department for transportation and hotel reservation**

E-mail to : ptp@wtf.org

# Flight schedule

**- Arrival**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Departure city** | **Flight No.** |
| **Arrival city** |
|  |  |  |  |
|  |

**- Departure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Departure city** | **Flight No.** |
| **Arrival city** |
|  |  |  |  |
|  |