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

***☞Please write or type in ENGLISH with All CAPITAL LETTERS***

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| **2017 WTF Partnership Taekwondo Program** | | | | | | | | | | | | **Please attach your photo here** | |
| **Course**  (Please select your desired course and mark the blanks) | | **The 1stAthletes &**  **InstructorsCourse** | | | **Cadet Camp** | | | | | **The 2nd Athletes & Instructors Course** | | | |
| **□** | | | **□** | | | | | **□** | | | |
| **Name** | | **First name Middle name Family name** | | | | | | | | | | | |
| **Nationality** | |  | | | | **Gender** | | | | | **M □ / F □** | | |
| **Date of Birth** | | **(mm / dd / yy)** | | | | **Country of Birth** | | | | |  | | |
| **Occupation** | | **Athlete□ Coach□ Instructor□ Practitioner□**  **Etc □** | | | | | | | | | | | |
| **Kukkiwon Dan Grade** | |  | **Date of Issue**  **(mm / dd / yy)** | | | |  | | **Dobok Size** | | | **(10unit)** | |
| **Postal Address** | |  | | | | | **Tel** | | **(Home)  (Mobile)** | | | | |
| **E-mail** | |  | | | | | **Religion** | | | |  | | |
| **Flight schedule** | **Arrival in Korea** | **Arrival Date** | | **Arrival Time** | | | | **Departure city** | | | | | **Flight No.** |
| **Arrival city** | | | | |
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| **Departure from Korea** | **Departure Date** | | **Departure Time** | | | | **Departure city** | | | | | **Flight No.** |
| **Arrival city** | | | | |
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I hereby submit my application to attend the 2017 WTF Partnership Taekwondo Program conducted by WTF.

Date: Signature: