

CANADIAN NATIONAL TAEKWON-DO TEAM
Application Form - TEAM MANAGER

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| Name: | | Age: | |
| Address: | | | |
| Address: | | | |
| E-mail: | | Phone: | |

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|-------------------|--|
| ITF Cetficate # : | |
| ITF Plaque # : | |
| First Aid Level: | |

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| Past experience as a Team Manager: |
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| Relevant education pertaining to Team Management: |
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|------------|--|-------|--|
| Signature: | | Date: | |
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