

Martial Arts - Tae Kwon-Do - Self Defence - Kickboxing Training - For Men Women & Children

Thank you for your interest in Tae Kwon-Do classes, in the Cirencester area.

I would like to take this opportunity to personally invite you to <u>**2 FREE Taster Lessons</u>** at your local TAGB Tae Kwon-Do School.</u>

Along with this invite is a first lesson questionnaire, which I would like you complete and bring with you to your first lesson.

During your two FREE taster lessons, you will be given an enrolment pack containing all the relevant information required to join, including details of cost, equipment required and application forms. Please note at no time are you obliged to join.

If during your FREE taster lessons you have any questions please do not hesitate to ask any of the Instructors

For your FREE taster lessons you will need to wear, tracksuit/jogging bottoms and tee shirt/sweat shirt please bring with you a drink in a sealable/sports bottle and the completed First Lesson Questionnaire.

I look forward to seeing you soon.

Yours in Tae Kwon-Do

Andrew Tombling 5th Dan Senior Instructor TAGB Tae Kwon-Do Tel: 07971 448004

Your Local TAGB Tae Kwon-Do School is	Cirencest	er	
Training Venue:	Cotswold Leisure Centre Tetbury Road Cirencester Gloucestershire GL7 1US		
Training Times	Juniors Seniors	6.00-7.00 pm 7.00-8.00 pm	Fridays Fridays

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Notes: This class is suitable for beginners and existing Tae Kwon-Do students

FREE TRAINING VOUCHER



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FIRST LESSON QUESTIONNAIRE:			
Thank you for taking an interest in this TAGB Tae Kwon-Do School. Before you take part in any lesson you MUST complete this basic questionnaire FULLY and hand in to the school instructor at your first FREE lesson.			
Students Full Name			
Full Address including postcode			
Telephone Number			
Email Address			
How did you hear about TAGB Tae Kwon-Do?	. A .	G.B.	
Have you done any martial art training before? If yes please give details	T F R N	ATIONAL	
Is there any known medical reason why you should not take part in a Tae Kwon-Do lesson?			
Do you suffer from any of the following? HEART DISORDER / ASTHMA / MIGRAINE / EPILEPSY / DIABETES / NERVOUS DISORDER / HAEMOPHILIA / HAY FEVER / Any others			
If YES please give details:			
Signed		Date of first FREE lesson	

FREE TRAINING VOUCHER

Parents to sign if student under 16 years of age