

Taekwondo Instructor Application
-Personal Information-

*Name _____.

*Date of Birth: ___ / ___ / ___

*Address: _____.

*Tel: _____.

*Cell Phone: _____.

* E-Mail: _____.

* Degree: 1 2 3 4 5 6 Dan (Please Circle one)

*How long of martial arts experience do you have? _____.

*Which Martial Art do you practice? _____.

*Interested in training during the...
Day () Night () Weekend ()
(Please check one)

Certifications issued by president Y.H. Park - US Olympian, 9th Dan Black belt and Long Island University.

Please Contact us by...

Y.H. Park Taekwondo

Tel: 516-735-3434

E-Mail: yhparktkd@yahoo.com

Address: 611 Hicksville Rd., Bethpage, NY, 11714

Long Island University, Y.H. Park

Tel: 516-299-2671

Address: C.W. Post Campus, Brookville, NY, 11548