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| RITA Crest | **ONLINE****ITF INTERNATIONAL INSTRUCTOR COURSE & ITF INTERNATIONAL TECHNICAL SEMINAR**Conducted by**Grandmaster Francis Barrett IX Degree***17th and 18th October 2020, 9:00am to 5:00pm****Conducted via Zoom and hosted by BlessingtonTaekwon-Do School*****APPLICATION FORM****Please type or print clearly** | itf_logo_100 |

**PART 1 - APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Rank (Dan): |  |
| Postal Address: |  |
|  |  | Date of Birth: |  |
| Nationality: |  | Phone: |  |
| E-mail Address: |  |
| ITF Booklet Number |  | ITF Cert. Number:  |  |

**PART 2-ORGANISATION DETAILS**

|  |  |
| --- | --- |
| Name of Taekwon-Do School: |  |
| Instructors Name: |  |
| Association Name: |  |

**PART 3 - ATTENDANCE**

**Please tick relevant box**

**Seminar& IIC Fees**

|  |  |  |
| --- | --- | --- |
|  | **FEE** |  |
| I am a 6thKupto 1stKupand apply for the Saturday seminar only and enclose fee of | **50 Euro\*** |  |
| I am a 1st -3rd Degree and apply for the full Seminar/Course and enclose fee of | **120Euro\*** |  |
| I am 4th – 6th Degreeand apply for the full Seminar/Courseand enclose fee of | **150 Euro\*** |  |
| I am 7th – 8th Degree and apply for the full Seminar/Course | -------- |  |
| **\*A discount of 10 euro on the Course fee applies for all RITA members. Same fees apply for Jnr/Snr.** |

**All payments in EURO must be lodged directlyto the RITA Bank Account and proof of lodgement submitted with application form. Bank Account Details are as follows:**

* + **Bank Name: Permanent TSB**
	+ **Account Name: RITA No. 1 Account**
	+ **Sort code: 990624 account number: 28279895**
	+ **BIC: IPBSIE2D IBAN: IE76IPBS99062428279895**

 **Bank Address:**

**PERMANENT TSB,
8, OLD BAWN ROAD,
TALLAGHT,
DUBLIN
D24 HK35
Receivers Address: 32, Alderwood Ave, Springfield, Tallaght D24 RWR 2**\*\* Please note also that the full international seminar fees do not include ITF Seminar certificate, but participants on the full course will receive barcode for the ITF Membership booklet. If you wish to receive a certificate, an additional payment of **30 Euro** should be included with your application.

**PART 4 - VERIFICATION**

**I am aware that injuries can occur and will accept responsibility for any that I may sustain during these events**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Parent or Guardian if under 18 years**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor’s Signature:** |  | **Date:** |  |

**PART 5 -CLOSING DATE**

**All application forms& lodgement receipts should be sent to:**

**RITA National Secretary, 32 Alderwood Ave, Springfield, Tallaght, Dublin 24, Ireland**

**before Thursday 9th October.Zoom login details will be sent to all registered participants**

Tel. 00 353 (0)1 4510462 Email secretary@rita-itf.ie