



**1st Taekwondo Europe Education Festival  
Trelleborg | Sweden  
1-3 August 2019  
APPLICATION FORM**

NAME			
SURNAME			
COUNTRY			
DATE of BIRTH			
WT GLOBAL LICENSE (if available)			
BELT			
E-mail Address		Phone Number	

I would like to participate in the following educational program(✓tick your selection):

Trainers' Seminar		Referees' Workshop	
Coaches' Seminar		Training Camp	

Date of Application:

Signature:

Please send to [info@worldtaekwondo-europe.org](mailto:info@worldtaekwondo-europe.org)