



譚氏易筋運動學會

Tam's Yijin Exercise Institute

APPLICATION FOR TAM'S YIJIN EXERCISE INSTITUTE CERTIFIED INSTRUCTOR

Deadline for application submission: **March 31, 2017.**

Date: _____

Last Name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Years of Training: _____ Training Location: _____

Where will you be teaching? _____

Please circle: Non-profit - Yes or No

RECOMMENDATION

To be completed by your location Tam's Yijin Exercise Institute Certified Instructor:

I certify that _____ (applicant) has assisted me in teaching the various aspects of Yijin exercises during the classes held at _____ (location). It is my recommendation that he/she should submit application to become Certified Instructor for the Yijin Exercise Institute.

Signature

Print Name

Date

