



**125 A, des Peupliers est
Québec, Qc. G1L 1S3**

**Application or renewal form for trainer's certification
Kick Boxin (____) Low Kick (____) French Savate (____)**

Name : _____

First Name : _____

Address: _____ ZIP: ____ - ____

Phone no.: (____) ____ - _____ Cell.: (____) ____ - _____

I, undersigned , ask to be recognize has a certify trainer by the Québec Amateur Kick-boxing Corporation and Associated Disciplines Inc.

I engage myself to observe the rules, regulations and decisions and to pay the annual certification fee of fifty dollars (50.00\$) in addition to the annual membership subscription of thirty dollars (30.00\$) fixed by the Corporation and a five dollars (5.00\$) of adhesion fee if I am a new member.

I engage myself to train my fighters in secure programs and to promote the respect of the rules , regulations and decisions . I will also promote the sportsmanship spirit .

Upon the receiving and acceptance of this form by the Corporation at the address mentioned at the top of this page, a certificate establishing that I have been recognize has a trainer by the Corporation for the one year period ending on july the 31, 201__ will be issue.

In testimony wherof , I have signed on ____/____/20__

applicant signature

Make a donation on line at WWW.kickboxingamateur.org