



BC Taekwondo Federation
2900 Lonsdale Avenue, North Vancouver, B.C.

2015 Appt of Delegate Form
(Voting Schools only; ie, Main Schools and Branch Schools)

Dojang Name and Address: _____

Phone Number and Email: _____

Dojang Head Instructor / Master: _____

Appointed Delegate Name: _____

Delegate Phone Number and Email: _____

Signed by: _____
(Delegate)

Date: _____

Signed by: _____
(School Head Instructor / Master)

Date: _____

Delegates must be elected as outlined in Section 4(h) of current by-laws, please see attached

Completed delegate form must be received before Sat. April 25th

all forms must be sent by email (this form) to northshoretkd@shaw.ca