**BRITISH TAEKWONDO COUNCIL**

**TOUCH GLOVES EVENT REGISTRATION FORM**

Please complete this form and return to K Beddows, BTC Northern Office, who will contact you and arrange delivery and return of Touch Gloves event resources.

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| --- | --- |
| **Name of Club:** | Click here to enter text. |
| **BTC Member Organisation:** | Click here to enter text. |
| **Contact Name:** | Click here to enter text. |
| **Contact Email:** | Click here to enter text. |
| **Contact Telephone:** | Click here to enter text. |
| **Date of Request:** | Click here to enter text. |
| **Delivery Address:** | Click here to enter text. |
| **Event venue(s):** |
| Click here to enter text. |
| **Description of Event(s):** |
| Click here to enter text. |
| **Anticipated attendance:** | Click here to enter text. |
| **Touch Gloves resources requested:** |
| **Pull-up banner** | Yes [ ]  / No [ ]  No required: Click here to enter text. |
| **Tablecloth** | Yes [ ]  / No [ ]  No required: Click here to enter text. |
| **Leaflets** | Yes [ ]  / No [ ]  No required: Click here to enter text. |
| **T-shirts** | Yes [ ]  / No [ ]  No required: Click here to enter text. |
| **Other:** | Click here to enter text. |

The event(s) will be added to the BTC Events webpage. Please capture participant data using the Touch Gloves Enrolment form available to download from the BTC website then scan and return copies of the enrolment form to the BTC.