

New York State TaeKwonDo Association

Professional TaeKwonDo Center

553 2<sup>nd</sup> Ave NY, NY, 10016

**Volunteer Form**

**Volunteer’s Name:**

**D.O.B:**

**Address:**

**Email:**

**Parent’s Name:**

**Contact #:**

Contact Info : **nystkd1986@gmail.com.**

Date	Hours	Content of volunteer service	Certifier	Certified Date

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