

ATTENDANTS OF OTHER AREA PRE-TRAINING SESSION FORM
NORTH MIDLANDS AREA T.A.G.B. BLACK BELT GRADING

This form should be filled in by the student and signed by the Area Representative conducting the session.

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|---------------------------|--|
| STUDENTS NAME: | |
| TAGB SCHOOL: | |
| STUDENT'S INSTRUCTOR: | |
| DATE OF SESSION: | |
| T.A.G.B. AREA OF SESSION: | |
| SIGNED BY: | |

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