



TAI CHI CHUAN TEACHER ACADEMY AUTHORIZED INSTRUCTOR REGISTRATION

Instructions. Academy Instructors wanting to be authorized to give Teacher Academy credits to academy students for classes they teach at their centers and schools should complete this application.

Teacher Academy ID: _____
(Association use only)

First Name

Last Name

Gender:

M

F

Birth Date: MM/DD/YYYY

Email

Address

City

State/ Province

Zip Code

Country

Applicant's Instructor Level

Date Achieved

Certificate No.

Years of Teaching Experience

Center or School Director

Date Achieved

Certificate No.

Location of Center or School

Language or Languages of Preference

Signature: _____

Date: _____



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