



WUSHU FEDERATION PHILIPPINES
BAGUIO CITY C.A.R. CHAPTER

March 23 ,2015

Francis Cesar B. Bringas, CESO VI
Schools Division Superintendent
Department of Education
CORDILLERA ADMINISTRATIVE REGION
Baguio City Division

THRU:

FERNANDO B. ELEPONGA, Ed.D
EPS-1-MAPEH
DEPARTMENT OF EDUCATION
CORDILLERA ADMINISTRATIVE REGION
BAGUIO DIVISION

Dear Sir,

Greetings from the Local Sports Association, Wushu for harmony and for all!

I would like to request your good office if you could endorse and assist us in advertising our program to your school principals / teachers and subordinates:

What : WUSHU SANDA BASIC SKILLS TRAINING COURSE FOR ALL

Who : For interested Dep-Ed employees and Students / Private Individuals / Out of School Youth.

When: Saturdays and holidays, training call time is 12noon and start of session will be 1pm to 4pm in the afternoon.

Where: Venue for the training is in our WFP-CAR Central Gym at Woods Gate Subdivision, Camp7 Kennon Road, Baguio City.

Attached is documents (Membership form, Waiver) to be photo copied / Xerox by the interested individuals and be submitted when they will be joining the training ,there will a minimal contribution for venue maintenance when the individual will prolong his training.

Thank you and **MABUHAY!**


TAN SUI TONG CANDELARIA
President WFP- CAR

bsc32015



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Attached

2inch x 2inch

Photograph

WFP-CAR Membership Form

No. _____

Photo Copy Any Government and School Identification Document for (I.D) for future Reference as Attachment of this membership form.

Name of Applicant: _____

Person to Contact in case of emergency , Who/ Where : _____

Date of Birth: _____ Gender: _____ Age : _____

Applicants Address and Details: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

Present Occupation: _____

If Student, write study level & field: _____

Name & Address of Institution / School : _____

Special Interests/Hobbies: _____

Reference Name: _____ Phone: _____

How did you come to know about the club: _____

Please tick the relevant box for membership type: General ☐ Executive ☐ Life Time ☐

Signature of applicant

Signature of Federation Representative

For under Twenty One 21 years old let your parent or guardians affix the following details for their approval,

Print Name and Signature and Date Signed: _____

(FOR OFFICE USE ONLY)

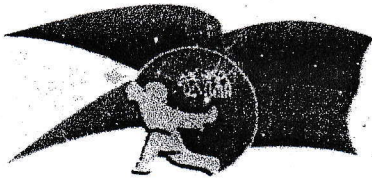
General ☐ Executive ☐ Life Time ☐

Encircle if: Central Gym Affiliated Club _____

Membership No: _____ Date of Registration: _____

Signature of President and or representative

DECEIVED DIVISION OF
BAGUIO CITY
MAR 20 2013
RECEIVED



WUSHU FEDERATION PHILIPPINES

BAGUIO CITY C.A.R. CHAPTER

Dear Parents / Guardians

The Wushu Federation Philippines Cordillera Administrative Regional Chapter is conducting Saturday Sanda / Sanshou trainings and lectures to selected individuals / students coming from the different public and private schools of Baguio and Benguet and we are requesting them to come in our regional training center at #59 Kalinga Street, Woods gate Subdivision Camp 7, Baguio City.

The training is done every Saturday and Holidays and it starts at 1pm ends at 4pm, as the president of the federation I am requesting if you could fill-out the waiver if you are entrusting your child to our care in the training, I am very optimistic that our program will help your child in the future to use Wushu Sanda as a fitness activity / attitude transformation / defense training and my earn a collegiate athletic scholarship, our trainers observe due diligence in safety in their training.

TAN SUI TONG CANDELARIA

WFP President

Contact Number 09399152500

-----Cut / Detach return to the trainer-----

WAIVER

I am allowing my son/daughter, _____ to join and participate in:

Nature of Activity: Wushu Sanda / Sanshou Training
Day of Activity: Saturdays and Holidays
Time of Activity: Call Time 12NOON, Training proper 1pm to 4pm
Venue: WFP CAR Central Gym #59 Kalinga Street, Woods Gate Subdivision Camp 7, Baguio City.

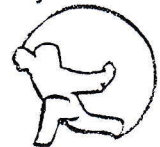
Federation Staff in Charge: Benjie Rivera Regional Coach and the WFP CAR President

Together with my child, I am knowledgeable and acquainted that the WFP CAR and its officer and staff are expected to exercise the legal diligence / guidelines / policies required for the safety and well-being of my child for the duration of the activity where the place, day, and time stated. This diligence include oral or written instruction, whether given before or during the activity, that if followed would ensure the safety of my child and if any onto wards incident may happen during the exercise of the training first aid will be processed to my child and following assistance.

Signature above printed Name of Parent/Guardian

Date Signed _____

Signature above printed Name of Student / Individual



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