



2ND DAN AND ABOVE BLACK BELT STRIPE Testing Application Form

Name: _____ Age: _____ Sex: _____ Testing Date: ____/____/____

Current Dan Level: 2nd 3rd 4th 5th Current Number of Stripes: _____
CIRCLE ONE

I _____ agree to abide by the rules and regulations, both written and traditional, of Grant's Family Martial Arts Center. If I violate any of these rules or regulations, than I will accept: dismissal from class, suspension of rank, or anything comparable.

I understand that **the test fee is nonrefundable** and I agree to abide by the judges' decision in awarding or withholding promotion.

Signature (Parent or Guardian if Minor) _____ Date ____/____/____

Do not write below this line (For Examiner Only)

Kih Bon (Basics: Stances, Blocks, Punches) A B C D E F	Yel Kah Jeh Ki Bon Dong Jak (10 Basic Motions) A B C D E F	Son Yen Kel Dong Jak (Hand Combinations) A B C D E F
Bal Yen Dong Jak (Kicking Combinations) A B C D E F	Hon Shin Sul (Self-Defense Movements) A B C D E F	Poomse (Forms) A B C D E F
Kyorugi Poomse (Sparring) A B C D E F	Kyok Paah (Breaking) A B C D E F	Ill Suhshi (One-Steps) A B C D E F
Jill Moon (Questions) A B C D E F	Jung Shin Ryook (Mental Attitude: Yell, Speed, Focus, Concentration, Discipline, Balance, Etc.) A B C D E F	Weapons A B C D E F

General Comments: _____

Test Fee	BBC Test Fee	Amt Paid	Balance	Rcvd By	Cert. Given	Belt Given	Filed By	Date Filed
\$55	\$44							

Please return this form along with the promotional fee no later than 3 days prior to your testing day. A \$5 fee will be strictly enforced for all late applications. You may bring family and/or friends to witness your testing. Children may receive parental guidance in completing the back portion of this form. ALL TESTERS MUST HAVE THEIR OWN SPARRING GEAR

Activities other than Tae Kwon Do: _____

Hobbies: _____

Special Skills and Talents: _____

Personal Awards and Achievements: _____

Your most memorable time in Tae Kwon Do: _____

Tae Kwon Do Awards and Achievements: _____

Tae Kwon Do Special Events Attended: _____

Any suggestions for our school and/or staff? (Thank you) _____



1. What is your short term (or long term) goal in Tae Kwon Do and the meaning this goal has for you?
2. What class exercise do you enjoy the most in your Tae Kwon Do classes?
3. What improvements have you made since beginning (or the last test)? (Answer physical and mental aspects)
4. What do you need the most work on in your Tae Kwon Do practice?
5. The highest compliment to us is referrals to your family and friends. Does anyone you know wish to try our Tae Kwon Do Class?

Name: _____ Telephone: _____

Address: _____

Questions for Parents/Guardians regarding their children

1. In what ways have you noticed improvements in you child?
2. In what ways would you like to see further improvements in your child?