

Belt Size _____



OFFICE USE ONLY:

Fee Paid \$ _____

Date Paid _____

Payment Method _____

Chosun Black Belt Academy
TESTING APPLICATION

NAME _____ AGE _____ DOB _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

HEALTH CONCERNS _____

PRESENT RANK _____ TESTING FOR _____ TIME IN TAE KWON DO _____

[THIS SECTION FOR TESTING JUDGE'S USE ONLY]

<u>CURRICULUM</u>	<u>SCORE</u>	<u>ADDITIONAL COMMENTS</u>
STANCES	1 2 3 4 5 6 7 8 9 10	_____
PAL-GWE FORM	1 2 3 4 5 6 7 8 9 10	_____
ALTERNATE FORM(S)	1 2 3 4 5 6 7 8 9 10	_____
TAE GEUK FORM	1 2 3 4 5 6 7 8 9 10	_____
CREATIVE FORM	1 2 3 4 5 6 7 8 9 10	_____
KICKING TECHNIQUE	1 2 3 4 5 6 7 8 9 10	_____
HANDS TECHNIQUE	1 2 3 4 5 6 7 8 9 10	_____
SPECIAL TECHNIQUE	1 2 3 4 5 6 7 8 9 10	_____
COMBINATIONS	1 2 3 4 5 6 7 8 9 10	_____
ONE-STEP SELF-DEFENSE	1 2 3 4 5 6 7 8 9 10	_____
CREATIVE SELF-DEFENSE	1 2 3 4 5 6 7 8 9 10	_____
GRABBING SELF-DEFENSE	1 2 3 4 5 6 7 8 9 10	_____
ADVANCED SELF-DEFENSE	1 2 3 4 5 6 7 8 9 10	_____
KNIFE SELF-DEFENSE	1 2 3 4 5 6 7 8 9 10	_____
MISC. SELF-DEFENSE	1 2 3 4 5 6 7 8 9 10	_____
SPARRING	1 2 3 4 5 6 7 8 9 10	_____
BREAKING	1 2 3 4 5 6 7 8 9 10	_____
ORAL/PHILOSOPHY	1 2 3 4 5 6 7 8 9 10	_____
TKD SPIRIT	1 2 3 4 5 6 7 8 9 10	_____
DISCIPLINE/ETTIQUETTE	1 2 3 4 5 6 7 8 9 10	_____

****If under 18, you must receive permission to test from your parents and teacher/counselor from school.****

For school teacher/counselor: This student has been performing satisfactorily both academically and behaviorally. (Circle one)

AGREE

DISAGREE

PRINT NAME

SIGNATURE

DATE

For Parents of member: My son/daughter has been listening well and behaving as expected at home. (Circle one)

AGREE

DISAGREE

PRINT NAME

SIGNATURE

DATE