



Belt Testing Application

Please fill in date you are testing: ____/____/____

Today's Date: ____/____/____ *Please print clearly and fill in ALL information!*

E Mail: _____ Phone: _____
(will not be shared)

Student Name: _____ Sex: M / F

Address: _____ Birthday: _____ Age: _____

Current Belt: _____ Testing For: _____ Belt Size Needed: 00/ 0/ 1/ 2/ 3/ 4/ 5/ 6/ 7

Student sign: _____ Parent sign: _____
(if over 18) (if student is under 18)

To insure proper belt size, application and payment must be turned in at least 1 week before testing.

Fees: If you are currently a White, Yellow or Sr. Yellow: \$40 If you are currently a Green to Sr. Red: \$60
 \$5 discount for second person/ \$10.00 for third.

Please make checks payable to: **David Turnbull**

Official Use Only

E= Excellent G=Good A=Average I=improvement needed

Basics	Forms	Self Defense	Sparring	Weapons
Stances:	White:	Kids:	Free:	Staff:
Kicks:	Color:	Adult:	Point:	Chucks:
Blocks:	Black:	Wrestling:	Olympic	Swords
Punches:	ITF/Palgwe:	Other:	Other:	Other:

Self Control	Manners	Endurance	Appearance	Knowledge

Ki-up	Combos	Power	Speed	Mistakes

Breaking

Wood:	Tile:	Concrete:	Attempts:	L / R
Foot:	Hand:	# Of Boards:	Score:	Other:

Comments: _____

Pass:___ Fail:___ Retest:_____

Instructors Signature: _____ Rank: _____

Paid: Cash /Credit/Check # _____