



# KACHI KARATE HAWAII

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## APPLICATION FORM FOR BELT TESTING

Promotion date: \_\_\_\_\_

Belt Size: \_\_\_\_\_

Name:		Membership #:	
Address:		Age:	
Phone:		Date of last testing:	
Dojo:		Current rank:	

<u>Parents Section</u>	<u>School Teachers Section</u>
<p>My child:</p> <p>_____ is respectful to his/her family members</p> <p>_____ helps around the home</p> <p>_____ completes homework &amp; assignments on time</p> <p>Comments:</p> <p><b>Parent Signature:</b> _____</p>	<p>This student:</p> <p>_____ is respectful to his/her peers and teachers</p> <p>_____ is maintaining a passing grade in all classes</p> <p>_____ shows good effort &amp; attitude in class</p> <p>Comments:</p> <p><b>Teacher Signature:</b> _____</p>

I understand that the testing fee for the amount of \$\_\_\_\_\_ to the rank of \_\_\_\_\_ **Kyu** is required and non-refundable. I feel that I am prepared to be tested and will perform to the best of my ability. I have submitted the testing fee along with the application form to participate in the test date above.

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_  
(if 18 years and under)

**\*\*\*DO NOT WRITE BELOW: INSTRUCTOR USE ONLY\*\*\***

TEST	1 point	2 points	3 points	4 points	5 points	Comments
Kihon						
Kihon-ido						
Kata						
Kumite						
Speed						
Power						
Focus						

Pass \_\_\_ Fail \_\_\_ Date \_\_\_\_\_

Diploma No. \_\_\_\_\_