



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:	

<p><u>Parents Section</u></p> <p>My child:</p> <p>_____ is respectful to his/her family members</p> <p>_____ helps around the home</p> <p>_____ completes homework & assignments on time</p> <p>Comments:</p> <p>Parent Signature: _____</p>	<p><u>School Teachers Section</u></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 & attitude in class</p> <p>Comments:</p> <p>Teacher Signature: _____</p>
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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 BELLOW: 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. _____