



United Kingdom Tae Kwon-Do



Black Belt Grading Form

This form must be typed

Name:		<input checked="" type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss
<i>First Name (1 only)</i>	<i>Last Name (1 only)</i>	<i>Title</i>

Address:			
<i>Street</i>	<i>City/Town</i>	<i>PostCode</i>	<i>Country</i>

Phone :	Date of Birth:	Age:
	<i>dd/mm/yyyy</i>	<i>Years</i>

Training School:	Nationality:
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Emergency Contact Details Name:	Tel:
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Occupation:

Height: cm	Weight: kg
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Licence Number:	Expiry Date:
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ID Number:

Months practised since last grading:

Degree Applied for:

Date of Grading :	Place of Grading:
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Instructors Name:	Degree:	Signature: _____
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Signature: _____	Parents Signature if under 18yrs
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EXAMINERS USE ONLY

	Stances	Focus	Power	Technique	Attitude	Total	Comments
Basics							
Patterns							
Sparring							
Power							
Theory							
Pass/Fail							