

# GENERAL QUESTIONS FOR CHO DAN BOS

**Please Print Clearly**

Candidates Name			
Date of Birth		Age	Gup No.
Full Address Street, Town, County			
			Postcode

Date of your last testing		How Often do you train	
Instructors Name			

Since testing for your current rank please enter how many?

Gup Testings Attended		Dan Testings Attended	
Regional Black belt Classes		National Black belt classes	

Do you attend Master Khan's classes besides Black Belt classes.		YES / NO
Have you attended any Championships YES / NO		If so please date, championship, & job assigned
Date	Competition	Job Assigned

Please use the box below to write down your future goals and any other things which you feel you have done to help your Instructor and the Association. Please continue on the reverse of this form.

Further Information.

**BELOW IS FOR EXAMINERS USE ONLY**

Kicks	One Steps	Fitness	Spirit
Hands	S. Defence	Flexibility	Written
Comb.	Weapons	Concentration	
Forms	F-Sparring	Attitude	