

GENERAL QUESTIONS FOR ALL DANS

Please Print Clearly

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

Date of your last testing		How Often do you train	Per week
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 teach your own class?	YES / NO	Number of times per week	
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 reverse of this form to write down your future goals and any other things which you feel you have done to help your Instructor and the Association.

BELOW IS FOR EXAMINERS USE ONLY

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