

Grading application



Name _____ Occupation _____

Surname _____

Date of Grading _____ Date of last grade (month/yyyy) _____

Duration since commencing with dojo _____

Current Belt _____

Date of Birth (dd/mm/yy) _____ Age _____

Contact details.

Address _____ Cell _____

_____ Other _____

Other martial arts. Previous or current, and duration

Physical Impairment(s)

Annual affiliation fee _____ paid yes / no Grading fee _____ paid yes / no

Please make sure all term fees are up to date before grading.

Signature _____ Date (dd/mm/yy) _____