



S. H. Kim Tae Kwon Do

The Confidence Builder

Application for Promotion

Please type or print only.

Name: _____ Birth Date: ___/___/___ Age: ___ M/F: ___

Present Rank: Gup: ___ Belt: _____ Requested Rank: Gup: ___ Belt: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: Home: _____ Office: _____ Cell: _____

Applicant Signature: _____ Date: ___/___/___

Date of your last test: ___/___/___

Note: Children must attach a copy of their most recent report card.

Do not write below this line

Culture and Terminology		Basic Hand Techniques		One Steps	
Attitude and Character		Basic Kick Techniques		Combination Kicks	
Class Attendance		Form 1		Free Sparring	
Contribution		Form 2		Breaking	

A...perfect B+...excellent B...good B-...average C...needs work D...fail

Remarks: _____

Testing Fee: _____ Date: _____ Registrar: _____	Test Date: ___/___/___ Time: _____ Please return this application by: ___/___/___* * \$5.00 Late Fee will be charged after the above date.
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