

REQUEST FOR DAN REGISTRATION

For the purposes of clarity all information must be typewritten. Handwritten forms will be returned.

****All registration forms must be signed by the Chief Instructor of the examinee's club to be accepted.****

Name _____

Address _____

photo

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

Registering for _____ Dan Date of Examination _____

Examiner _____ Instructor _____

****Instructor's Signature** _____

Club Name _____ Country _____ Region _____

PERSONAL INFORMATION

Date of Birth ____/____/____ Sex M ____ F ____ Height ____ ft-____ in-____ cm Weight _____ lbs/kg

Occupation _____

Last School or College _____ Degree _____

KARATE HISTORY

When did you begin karate practice? Year _____ Month _____

Previous Dan Registrations:

	Date of Exam	Reg. No.		Date of Exam	Reg. No.
Sho (1) Dan	_____	_____	Go (5) Dan	_____	_____
Ni (2) Dan	_____	_____	Roku (6) Dan	_____	_____
San (3) Dan	_____	_____			
Yon (4) Dan	_____	_____			

I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE JAPAN KARATE ASSOCIATION/WORLD FEDERATION. I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE JKA/WF.

Student's Signature _____

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's Signature _____

Promotion by: (circle one) **EXAMINATION** **RECOMMENDATION** **HONORARY**
Remarks: