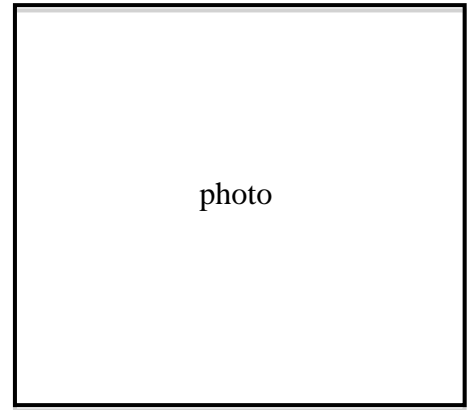


REQUEST FOR DAN REGISTRATION

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



photo

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____ Registering for: _____ dan Date of Examination: _____

Examiner: _____ Instructor signature: _____

Club Name: _____ Country: _____ Region: _____

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

PERSONAL INFORMATION

Date of Birth: _____ Gender: M F Height: _____ ft. _____ in. Weight: _____ lbs.

Occupation: _____

Last School or College: _____ Degree: _____

KARATE HISTORY

When did you begin karate practice? Year: _____ Month: _____

Previous Dan Registrations:

Date of Exam	Registration Number	Date of Exam	Registration Number
Sho (1) Dan: _____	_____	Go (5) Dan: _____	_____
Ni (2) Dan: _____	_____	Roku (6) Dan: _____	_____
San (3) Dan: _____	_____	Shichi (7) Dan: _____	_____
Yon (4) Dan: _____	_____	Hachi (8) Dan: _____	_____

I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE ISKF. I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.

Student Signature: _____

FOR EXAMINER'S USE ONLY

Rank Awarded: _____ Examiner's Signature: _____

Promotion by: (circle one): EXAMINATION RECOMMENDATION HONORARY

Remarks: