

Family Karate Club

GRADING APPLICATION FORM

Please note there is a cost of £25 for the grading

Please complete in BLOCK CAPITALS

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Training Centre							
			Studer	nt Detail	S		
Title (Mr/Mrs/Miss)							
First Name							
Surname							
Contact Number					Test Date	/ /	
Instructors Na	me						
Current Gup/Belt				Belt Size		Age If under 18	
			Decla	aration			
I Karate Club and instructor of the			ting this	applica	•	ded by an	approved
Applicants Sig	е						
Signature of F	Parent						