

REQUEST FOR DAN REGISTRATION

For 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

Telephone (_____) _____ E-mail _____

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 _____ Shichi (7) Dan _____

Yon (4) Dan _____ Hachi (8) Dan _____

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

Student's Signature _____

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's Signature _____

Promotion by: (circle one) EXAMINATION RECOMMENDATION HONORARY

Remarks: