

SCOTTISH GOJU-RYU KARATE-DO ASSOCIATION

GRADING APPLICATION FORM

PLEASE PRINT CLEARLY

Name:	Date of Birth:	Junior / Senior <small>(delete as required)</small>
Address:		
	Postcode:	
Email:	Phone:	
Sensei:	Dojo:	
Number of years in Karate:	Other Activities:	

SELECT GRADE BEING ATTEMPTED

Red:	Yellow:	Orange:	Green:
GreenTab:	Blue:	BlueTab:	Purple:
PurpleTab:	Brown:	BrownTab:	Brown2:
Brown3:	Brown4	Brown5	Black:

MUST BE COMPLETED BY PARENT/GUARDIAN FOR JUNIOR STUDENTS

I DECLARE THAT MY PERMISSION HAS BEEN GRANTED FOR THE NAMED CHILD TO TAKE PART IN THE GRADE AND TRAINING

NAME: _____

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____

OFFICIAL USE ONLY

LICENSE CHECKED:	FEE: £	DATE:
EXAMINER:	SUCCESSFUL : YES / NO	SIGNED:

COMMENTS:



剛柔流空手道



國際沖繩剛柔流空手道連盟