

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.****

Please send one photo with registration form by mail or email (attach photo).

Name _____

Address _____

City _____ State _____ Zip code _____

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:

<u>Date of Exam</u>	<u>Reg. No.</u>	<u>Date of Exam</u>	<u>Reg. No.</u>
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: