

DOS TAEKWONDO

www.dostaekwondo.com

TEL: (02) 95251934

Grading application form

Please fill form in clear block letters

Date: / /

First Name: _____ Surname: _____

Address: _____

Home Phone: _____ Mobile: _____

Date of Birth: / / Male/Female

Current Level Gup/Dan: _____

Next Level Gup/Dan: _____

Grading Fee: _____

Grading Date / /

(To be paid a week before grading.)

I verify that all the details above are true and correct and that I have notified the instructors of any medical condition I suffer from. I understand that the name above will be what is printed on the grading certificate.

Signed: _____ Applicant/Parent/Guardian Date: / /

OFFICE USE ONLY:

Membership number: _____

Fee Paid: \$ _____ Date: / / Signature: _____

1st attempt: PASS/FAIL Date: / / Signature: _____

2nd attempt: PASS/FAIL Date: / / Signature: _____

Final Attempt: PASS/FAIL Date: / / Signature: _____