



# The Great American TaekwonDo Federation

## Application for Rank Advancement - Color Belt

### 태극 아메리카 태권도 연맹



#### - INSTRUCTIONS , READ CAREFULLY -

- Fill out this form completely and return it with your testing fee by the testing day.
- Make checks payable to: **Champions Martial Arts Center. Credit card payments may be made below.**
- Testing fees are not refundable. In the event of a failing effort, the student may re-test at the NEXT scheduled belt testing without charge.
- All tuition payments must be current in order to receive new belt.
- Please pay the testing fee for the new rank you are applying for.
- Don't forget to bring your sparring gear with you. **SPARRING GEAR IS REQUIRED FOR BLUE BELTS AND ABOVE. NO EXCEPTIONS !!!**
- If you have a scheduling conflict, you may test after class during the week immediately following the testing date.
- See Master Wiedenmann with any questions or concerns.



Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (as you would like it to appear on your certificate) month day year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street City State Zip

Rank Applied For: \_\_\_\_\_ Date of Last Test: \_\_\_\_\_ month year Belt Size: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Qualification	Physical Skills Test	Evaluation
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Class Sessions	<input type="checkbox"/>
Terminology	<input type="checkbox"/>
Attitude	<input type="checkbox"/>
Leadership	<input type="checkbox"/>

Required Form  
 Ki-Cho Tae Guek: 1 2 3 4 5 6 7 8

Optional Form (Brown and Over)  
 Tae Guek: 1 2 3 4 5 6 7 8

Applied Self Defense  
 Sparring [Contact] [Non-Contact]

Board Breaking  
 Multiple Board Break [ 2 3 4 5 6 ]

Kicks  
 Hand Strikes  
 Fighting Combinations

NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A
NI	A	G	E	N/A

Key: NI - Needs Improvement      A - Average      G - Good      E - Excellent

#### Comments

Promote: Yes / No

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Test Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

#### Credit Card Payments Only:

Name on Card: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_ CVV: \_\_\_\_\_

Card no: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**- Please note: Due to increased C.C. processing costs, there will be a \$3.00 service charge on all credit card purchases-**