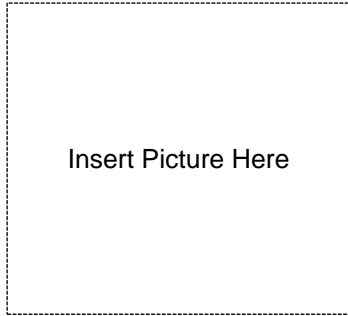


# ISKF DAN REGISTRATION FORM

## REQUEST FOR DAN REGISTRATION



- For purposes of clarity **all** information must be typewritten.
- **Handwritten forms will be returned!**
- Please send 1 photo with registration form by mail or email (attach photo).
- No Dan Certificates will be issued without an ISKF Passport.
- Please use date format of Month/Day/Year for all dates (ex. 1/27/20 = Jan. 27, 2020)

❖ ISKF Passport received: Yes  No

Examinee Information					
Student Name		Gender: M <input type="radio"/> F <input type="radio"/>		Birthdate	Age
Address			City	State	Zip
Home Phone		Work Phone		Parent (or adult student) Email Address	
Student's Occupation		Education (Highest grade or degree)		Marital Status	
Karate History					
When did you begin karate practice? Year: _____ Month: _____			Current rank: _____		
Testing for: _____ Dan		Test Date: _____		Examiner: _____ Test site: <small>US Nationals 2022, Philadelphia PA</small>	
Club Name: _____		Country: _____		Region: _____	
Kata and Kumite Choices					
Exam Kata: _____		If 45 years + on test date: _____		Sparring: <input type="radio"/> Self-defense: <input type="radio"/>	
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		
Examinee Certification and Signature					
<p><b>I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE INTERNATIONAL SHOTOKAN KARATE FEDERATION (ISKF). I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.</b></p>					
Examinee Signature (Parent or Guardian for Examinees under 18): _____					
Chief Instructor Certification					
<p>Instructor Name (please print clearly): I _____ certify that I have reviewed this Dan Exam application and have given my student permission to test on the date and in or at the location or event listed above.</p>					
<p><b>**All registration forms must be signed by the Chief Instructor of the examinee's club to be accepted. **</b></p>					
*Instructor Signature: _____			Date: _____ **		
For Examiner Use Only					
Rank Awarded: _____			Examiner Signature: _____		
<p>Promotion by: <input type="checkbox"/> Examination <input type="checkbox"/> Recommendation <input type="checkbox"/> Honorary</p>					
Remarks: _____					