REQUEST FOR DAN REGISTRATION

For purposes of clarity <u>all</u> information must be typewritten. Handwritten forms will be returned.

Name	**photo**
Address	
Telephone	**E-mail**
Registering for Dan	**Date of Examination**
Examiner	**Instructor**
****Instructor's Signature** _____	
Club Name	**Country** **Region**

*****All registration forms must be signed by the Chief Instructor of the examinee's club to be accepted.*****

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>	***Reg. No.***		***<u>Date of Exam</u>***	***Reg. No.***
Sho (1) Dan			***Go (5) Dan***		
Ni (2) Dan			***Roku (6) Dan***		
San (3) Dan			***Sichi (6) Dan***		
Yon (4) Dan			***Hachi (8) Dan***		

I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE ISKF. 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: