

# INTERNATIONAL BLACK BELT CENTER OF VIRGINIA

## Testing Application Adult/Youth 5<sup>th</sup> Kup

Last Name: Please print your name carefully, exactly as you wish it to appear on your certificate passport.
First Name:
Number of Classes to date:
Date of Birth:
Date of your last rank promotion:

PRE- TEST		
Testing Requirements	Date of PRE-Watch	Date of PRE-Watch
Special Techniques: Tolra-yop chagi/sudo board break, 8 self-created combination ending with power test	To Improve:	To Improve:
Forms & Philosophy: #7 T'oi-Gye, meaning of form	To Improve:	To Improve:
Power Test: Spin Jump Tolyo-Chagi, Elbow Board Break (on floor)	To Improve:	To Improve:

Testing Fee : \$60

Test Date:

Paid:

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Signature of Head Instructor for Test Application