INTERNATIONAL BLACK BELT CENTER OF VIRGINIA



Testing Application 8.5 Kup White/Yellow Stripe

Last Name: Please print your name carefu	ılly, exactly as you wish it	to appear on your certificate and/or passport.
First Name:		
Number of Classes to date:		
Date of Birth:		
Date of your last rank promotion:		
PRE- TEST		
Testing Requirements (includes all requirements from past tests):	Date of PRE-Watch	Date of PRE-Watch
Special Techniques:Pande-Chagi, Block/Kick Combinations 1-5, 1 kick 1 kick w/jumping, Jump/Ap-Chagi, Jump/Tolyo-Chagi and Jump/Yop- Chagi	To Improve:	To Improve:
Forms & Philosophy:#2 Tan-Gun and meaning of form	To Improve:	To Improve:
Power Test: Neryo-Chagi break	To Improve:	To Improve:
Testing Fee: \$50.00 Test Da	ate: F	Paid:

Signature of Head Instructor for Test Application