



# INTERNATIONAL BLACK BELT CENTER OF VIRGINIA

## Testing Application Adult/Youth 9<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:  Fundamentals: Kicks (Ap-Chagi, Tolyo-Chagi, Yop Chagi, Neryo-Chagi) Blocks (Handan-Maki, Chungdan-Maki, Sangdan-Maki, Sudu-Tebi-Maki, Tu-Palmok-Maki), Stances(Hugul-Sogi, Chungul-Sogi, Kima-Sogi), 1 kick /1 kick	To Improve:	To Improve:
Forms & Philosophy:  #1 Chon-Ji Tenets of Taekwon-Do meaning of white belt, meaning of form	To Improve:	To Improve:
Power Test:  Yop-Chagi	To Improve:	To Improve:

Testing Fee : \$50

Test Date:

Paid:

Signature of Head Instructor for Test Application