

Black Belt Examination form

INSTRUCTOR							
I the undersigned							
Club :		E-mail :.....@.....					
City :		Country :					
PROPOSE THE FOLLOWING CANDIDATE							
First name & Name :							
Date of birth :		Over 40 : Yes No					
Weightkg						
Address							
Zip Code City							
Phone number							
Membership #							
FOR THE BLACK BELT EXAMINATION							
	1st darga		2nd darga		3rd darga		4th darga
	5th darga						
DURING THE GRADE EXAMINATIONS							
Date :				South Zone		North Zone	
I CERTIFY THAT HE (SHE) GIVES THE FOLLOWING GUARANTEES							
	Time of practice (years) :						
	Morality						
	Other						

Date : / /

Candidate

Instructor