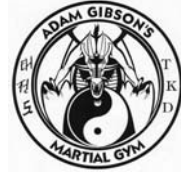


***Adam Gibson's Martial Gym***  
***Tae Kwon Do Training Centre***  
**PROMOTION TEST APPLICATION FORM**



NAME:	SEX:
BIRTHDATE:	OCCUPATION:
ADDRESS:	CITY:
POSTAL CODE:	PHONE:
PRESENT RANK:	TESTING FOR:
E-MAIL ADDRESS:	HOW MANY DAYS DO YOU TRAIN Per/Week?

**WHICH CLASSES DO YOU ATTEND? (PLEASE CIRCLE BELOW)**

CHILDREN	ADULT	ALL AGES / ALL RANKS	COMPETITION TEAM
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**INSTRUCTOR'S RECOMMENDATION FOR TESTING:**

1) INSTRUCTOR'S SIGNATURE	
2) INSTRUCTOR'S SIGNATURE	

<b>STUDENT'S SIGNATURE :</b>		DATE:
<b>PARENT'S SIGNATURE: (IF UNDER 18 YEARS OF AGE):</b>		DATE:

**INSTRUCTOR'S ONLY(BELOW)**

TEST DATE:	TOTAL MARKS SCORED:     /	EXAMINER'S SIGNATURE:
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**PATTERNS**

<b>I)</b>	/10	<b>II)</b>	/10
<b>III)</b>	/10	<b>IV)</b>	/10

**1-STEP-SPARRING**

	/10		/10
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**HAPKIDO**

	/10		/10
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<b>FREE SPARRING:</b>	/10	<b>BOARD-BREAK:</b>	/10	<b>ATTITUDE:</b>	/10
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