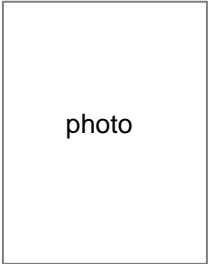


REQUEST FOR DAN REGISTRATION

*For the purposes of clarity, all information must be typewritten. Handwritten forms will be returned.
All registration forms must be signed by the Chief Instructor of the examinee's club to be accepted.*

Name _____
Address _____

Telephone(____) _____ E-Mail _____
Registering for _____ Dan Date of Examination _____
Examiner _____ Instructor _____
Instructor's Signature _____
Club Name _____ Country _____ Region _____



PERSONAL INFORMATION

Date of Birth ____ / ____ / ____ Sex M ____ F ____ Height ____ ft. ____ in. ____ cm Weight ____
Occupation _____
Last School or College _____ Degree _____

KARATE HISTORY

When did you begin karate practice? Year _____ Month _____

Previous Dan Registrations:

<u>Date of Exam</u>	<u>Reg. No.</u>	<u>Date of Exam</u>	<u>Reg. No.</u>
Sho (1) Dan _____	_____	Go (5) Dan _____	_____
Ni (2) Dan _____	_____	Roku (6) Dan _____	_____
San (3) Dan _____	_____	Shichi (7) Dan _____	_____
Yon (4) Dan _____	_____	Hachi (8) Dan _____	_____

REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE INTERNATIONAL SHOTOKAN KARATE FEDERATION. I PROMISE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.

Student's Signature _____

.....

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's Signature _____

Promotion by: (circle one) EXAMINATION RECOMMENDATION HONORARY
Remarks: