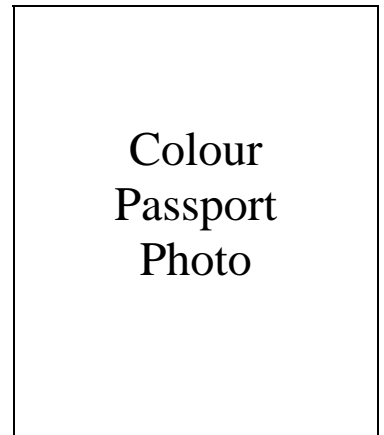


KYU GRADE REGISTRATION FORM

Date of Grading: ____/____/____
day month year

Please complete all the information requested on this form and bring it with you on the day of the grading along with your grading fee. Thank you.

GRADING FOR: ^(✓)
3rd Kyu ^(✓)
2nd Kyu ^(✓)
1st Kyu



Your Name: _____
First name Last Name

E-mail: _____ Home Tel: _____
Area code Number

Next of Kin: _____ Mobile: _____
If below the age of 18

Address: _____
Postcode: _____

Age: _____ Date of Birth: ____/____/____
day month year EGKA membership number: _____

EGKA membership expires on: _____

Male: ^(✓) No. of years Total No. of No. of training Present
Female: in Goju-Ryu: _____ yrs in Karate: _____ sessions per wk: _____ Rank: _____

EGKA Event 1: _____ Date: _____

EGKA Event 2: _____ Date: _____

Please give details of two EGKA (or IOGKF) regional or national training events you have attended in the last 12 months.

To be completed by the student's Dojo instructor

Instructor: _____

Dojo: _____

Recommended for the rank of: _____

Has the candidate previously ^(✓)
failed this grading? yes:
no:

Signature: _____

To be completed by the Examiner

Grading Fee Paid ^(✓) Cash: ^(✓) Cheque:

EGKA membership checked: ^(✓) Yes:

Grading Result ^(✓) Pass: ^(✓) Fail:

Signature: _____