

Testing Registration

Please fill this form out completely and sign at the bottom.

Student Name: _____

Age: _____ D.O.B.: _____ Belt Size: _____

Current Rank: _____ Testing for: _____

E-Mail Address: _____

Previous No Change: (No / Yes) _____ Date: _____

Family Members Testing: (Total #) _____

Testing Fee: (This student only*) \$ _____

Late Registration Fee: (If applicable) \$ _____

Early Testing** Fee: (If applicable) \$ _____

Total Testing Fee: (This student only) \$ _____

Payment Method: (Circle one) Cash / Credit-Debit Card / Check # _____

*Testing fees for families may be combined at time of payment.

Early Testing Requested: (No / Yes) _____ Date: _____

Reason for Early Testing: _____

**Early Testing must be approved at least 1 week prior to date requested.

Number of
Boards for Testing: _____

Board Size: _____ (inches)

Left Foot Technique: _____

Right Foot Technique: _____

Hand Technique: _____

Limitations/Considerations: _____

Other: _____

Parent / Student Signature: X _____

This form must be completed and returned to TKDFit with payment NO LATER THAN the Monday before the scheduled Early Testing date or the Wednesday before the scheduled Regular Testing date. Otherwise, a \$25.00 per family Late Registration Fee will apply.