WEBB SCHOOL OF TAEKWONDO

APPLICATION FOR PROMOTION TEST

Name: _____ DOB: _____ Gender: F / M

Address: _____

City: _____ State: __ Zip: _____ Phone #: _____

Present Grade: _____ Desired Grade: _____

Test Date: _____ Belt Size: _____

Branch: _____ Instructor: _____

_____ _____
Signature of Applicant Date

_____ _____ _____ _____
Signature of Guardian/Parent Date Instructor Signature Date

COST **White/Yellow = $55** **Tip Testing = $45** **New Belt Test = $50**

*** Please make checks payable to Angela Webb*

Punching/Kicking	**Onestep/Self Defense**	**Forms**
Score: _____	**Score:** _____	**Score:** _____
Attitude	**Terminology**	**Attendance**
Score: _____	**Score:** _____	**Score:** _____
Basic Movements	**Sparring**	**Breaking**
Score: _____	**Score:** _____	**Score:** _____

Rank to be Awarded _____ Gup/Dan _____

Name of Examiner _____ Signature _____