

REQUEST FOR DAN REGISTRATION

For 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.****

Please send 1 photo with registration form by mail or email (attach photo).

No Dan Certificates will be issued without an ISKF Passport.

Name _____

Address _____

photo

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____

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	_____	_____

I 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 ISKF PASSPORT Y / N

Remarks: