

**GRADING APPLICATION FORM** (Please fill form in clear block letters.)

Date:	
First Name:	Surname:
Address:	
Phone:	Mobile:
Date of Birth:	Gender: Male   Female (Please circle)

Current Level Gup/Dan:	Next Level Gup/Dan:
Grading Fee:	Grading Date:
***Grading Fee to be paid a week before Grading***	

Would you like your name (or your child's name) embroidered on your/their new belt? Only \$10. (Tick  YES  NO)

- If you ticked yes, what name or nickname will be placed: \_\_\_\_\_ (KINDLY WRITE YOUR FIRST NAME or NICKNAME ONLY IN CAPITAL LETTERS)

I verify that all the details above are true and correct and that I have notified the instructors of any medical condition I suffer from. I understand that the name above will be what is printed on the grading certificate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:

**Membership Number:** \_\_\_\_\_

Fee Paid: \$ _____	Date: _____	Signature: _____
1 <sup>st</sup> Attempt:	PASS   FAIL	Signature: _____
2 <sup>nd</sup> Attempt:	PASS   FAIL	Signature: _____
Final Attempt:	PASS   FAIL	Signature: _____