

REQUEST FOR DAN REGISTRATION

For purposes of clarity all information must be typewritten. Handwritten forms will be returned.

Name PHOTO

Address

Telephone # Email

Registering for Date of Examination (dd/mm/yyyy)

Examiner " ***** Instructor Larry Loreth

Instructor's Signature

Dojo/Club Name Shotokan Winnipeg

Region/Country Manitoba/Canada

PERSONAL INFORMATION

Date of Birth (dd/mm/yyyy) Sex (M/F) Height Weight

Occupation

Last School or College Degree

KARATE HISTORY

When did you begin karate practice? Year Month

Previous Dan Registrations:

	Date of Exam	Registration No.		Date of Exam	Registration No.
1 st Dan	<input type="text"/>	<input type="text"/>	5 th Dan	<input type="text"/>	<input type="text"/>
2 nd Dan	<input type="text"/>	<input type="text"/>	6 th Dan	<input type="text"/>	<input type="text"/>
3 rd Dan	<input type="text"/>	<input type="text"/>			
4 th Dan	<input type="text"/>	<input type="text"/>			

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**

Remarks: