

# TESTING REGISTRATION

**Current rank:** White-Recommended Black Belt **\$50.00**  
 Decided 1<sup>st</sup> Degree & Above **\$80.00**

**Testing Registrations will not be accepted without payment**

Please List (**Lower Ranks**) first, then (**Black belts**), then (**No Changes**) last.  
 Students who received a "No Change" are not charged again until they pass.

Name	Current Rank	Total Classes	Advanced Classes	Alternate* Test Time	Amount
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	1/2 Price
4) _____	_____	_____	_____	_____	1/2 Price
5) _____	_____	_____	_____	_____	1/2 Price

Parent's Name : \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Phone Number : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

\*Alternate test times must be approved by Ms. Peck:

(Early-During Class)  
 (Friday @ 6:00 White-Orange)  
 (Saturday @ 9:00 Green-Blue)  
 (Monday @ Pecks TKD)

## BLACK BELT SECTION

Name	# Cycles at Rank		
1) _____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
2) _____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
3) _____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

Instructor Signature \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Junior Sr. Red Belts must attach a **Black Belt essay** with this registration

For Office Use Only:

• Method of Payment: Cash Check # \_\_\_\_\_  Credit Debit