PROMOTIONAL TESTING APPLICATION

This portion is to be filled out by student/or parent

HAIDONG GUMDO
CLINTON ACADEMY

Name _____ **Age**_____
(PLEASE PRINT)

Current Rank _____ **Belt Size**

Will you be Testing at the scheduled Testing? **Yes** **No** **1 2 3 4 5 6 7**

Date and Time of your testing: _____

Parent Approval (For students ages 17 & under) **Parent Signature** _____
Are they respectful to family members? _____
Do they demonstrate Courtesy, Integrity and Self-Control at home? _____

TESTING EVALUATION FORM

This portion is to be filled out by Instructor

BASICS ☐	Comments:				
Stances ☐	Cutting Angles ☐	Technique ☐	Power ☐	Focus ☐	
DRAW ☐	Comments:				
Stances ☐	Cutting Angles ☐	Technique ☐	Power ☐	Focus ☐	
CURRENT FORM ☐	Comments:				
Stances ☐	Cutting Angles ☐	Technique ☐	Power ☐	Focus ☐	
PREVIOUS FORMS ☐	Comments:				
Stances ☐	Cutting Angles ☐	Technique ☐	Power ☐	Focus ☐	
ONE STEPS ☐	Comments:				
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
CANDLES ☐		**ATTEMPTS**			

Judge's Initials _____