



Shin Gi Tai Kase-ha Karate-do Association

Examination Application Form (Please write in capitol letters onley)

Picture

Name: _____

Birth date: _____ - _____ - _____
year month day no no

Country: SWEDEN

School: BROBY KARATEKLUBB

Proposed by: _____

Present Rank

Mon/Kyu /Dan _____

Require	Outstanding	Satisfactory	Unsatisfactory	Comments
Kihon	10 9 8	7 6 5 4	3 2 1	
Kumite	10 9 8	7 6 5 4	3 2 1	
Kata	10 9 8	7 6 5 4	3 2 1	
Result	Points	Points	Points	Total

Overall Preformance / Comment:

Promoted to: _____ Mon / Kyu/ Dan Examination Date _____

Academy Stamp Here

Examiner's signature _____ Shin Gi Tai Kase- ha Karate - do Association