

**BLACK BELT
PRE-TEST**

**Y.C. KIM TAEKWONDO COLLEGE
BLACK BELT SOCIETY
Taekwondo Promotion Examination**

STUDENT'S NAME _____ DATE OF BIRTH _____ AGE _____
ADDRESS _____

street

city

zip

PHONE NUMBER _____ OCCUPATION _____
BRANCH SCHOOL _____ INSTRUCTOR _____

PARENT/GUARDIAN SIGNATURE
(If student is under 18 years old)

APPLICANT'S SIGNATURE

DATE

Basic Form	1	2	3
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Comments:

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Comments:

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