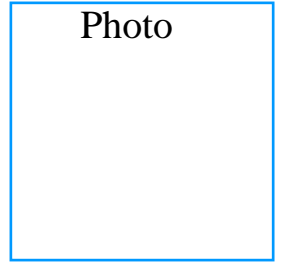


REQUEST FOR DAN REGISTRATION

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

Photo



Name
Address
City Province *Manitoba, Canada*
Telephone () Postal Code
Registering for Dan Date of Examination
Examiner Instructor
Club Name
Region/Country *Manitoba, Canada*

PERSONAL INFORMATION

Date of Birth (mm/dd/yyyy) Sex (M/F) Height ft. in. cm 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.
1st Dan		5th Dan	
2nd Dan		6th Dan	
3rd Dan		7th Dan	
4th Dan		8th Dan	

I REQUEST THAT MY RANK BE LISTED IN THE REGISTER OF THE INTERNATIONAL SHOTOKAN KARATE FEDERATION, I PROMISE TO UPHOLD THE STANDARDS AND HONOUR OF THE ISKF.

Student's Signature

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's

Signature _____

Promotion by:(circle one) EXAMINATION RECOMMENDATION HONORARY

Remarks: