

REQUEST FOR DAN REGISTRATION

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

****All registration forms must be signed by the Chief Instructor of the examinee's club to be accepted.****

Please send 1 photo with registration form by mail or email (attach photo).

No Dan Certificates will be issued without an ISKF Passport.

Name _____

Address _____ photo

Telephone (_____) _____ E-mail _____

Registering for _____ Dan Date of Examination _____

Examiner _____ Instructor _____

****Instructor's Signature _____****

Club Name _____ Country _____ Region _____

PERSONAL INFORMATION

Date of Birth ____/____/____ Sex M ____ F ____

Occupation _____

Last School or College _____ Degree _____

KARATE HISTORY

When did you begin karate practice? Year _____ Month _____

Previous Dan Registrations:

| | <u>Date of Exam</u> | <u>Reg. No.</u> | | <u>Date of Exam</u> | <u>Reg. No.</u> |
|-------------|---------------------|-----------------|----------------|---------------------|-----------------|
| Sho (1) Dan | _____ | _____ | Go (5) Dan | _____ | _____ |
| Ni (2) Dan | _____ | _____ | Roku (6) Dan | _____ | _____ |
| San (3) Dan | _____ | _____ | Shichi (7) Dan | _____ | _____ |
| Yon (4) Dan | _____ | _____ | Hachi (8) Dan | _____ | _____ |

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

Student's Signature _____

FOR EXAMINER'S USE ONLY

Rank Awarded _____ Examiner's Signature _____

Promotion by: (circle one) EXAMINATION RECOMMENDATION HONORARY ISKF PASSPORT Y / N

Remarks: