



Alliance Taekwondo Center
2700 State Street
Unit K-4
Bismarck, ND 58503

World Tae Kwon Do Federation
Promotion Test Form

Test Date: _____ Amount Paid: _____ Cash or Check: _____
Student's Name: Mr Ms _____ Date of Birth: _____
Home Address: _____ Phone No.: _____
Academy's Name: _____
Instructor's Name: _____
Present rank: _____ I apply for: _____ belt

***** Do Not Write Below *****

Attendance: _____ Manners: _____
Ability: _____ Nature: _____
Loyalty: _____ Reputation: _____

Written Test () Pass () Fail

Oral Test () Pass () Fail

Basic Technique () Pass () Fail

HYUNG: (Pattern) _____

DAE RYUN: (Sparring) _____

IL-BO, YI-BO, SAM-BO, DAE-RUN: (Arranged Sparring) _____

BAL CHI GI: (Kicking) _____

HO SHIN SUL: (Self Defense) _____

K (GI) YUK PA: (Breaking) _____

REMARKS: _____

Granted By: _____

Master Instructor's Signature