

Request for Dan Registration



I hereby respectfully request that, upon successful completion of my grading, my rank be registered.

Today's Date: _____
Year / Month / Day

Name: _____

Phone: () _____

Home Address: _____

Email Address: _____

Age: _____ Date of Birth: _____ Nationality: _____
Year / Month / Day

Male / Female Years in Goju Ryu: _____ Total years in Martial Arts: _____

Average number of training times per week: _____ Present rank: _____ When was present rank obtained: _____
Year / Month

Injuries and/or Disabilities: _____ (complete on back if needed)

Sensei's Name: _____

Dojo Name: _____

Dojo Address: _____

The following is to be completed by the candidate's instructor.

Recommended for the rank of: _____

Has candidate previously failed this grading? Yes / No

Signature of candidates Chief Instructor

To be filled out by Examiner

Grading Fee Paid: _____

Registration Fee Paid: _____

Date of Grading: _____

Results: Pass / Fail

Rank Given: _____

Signature of Examiner
