



TESTING FORM
9th Gup - White through 1st Dan - Black Belt

PLEASE PRINT (Adults Fill Out for Minors)

Name: (The way it will appear on your certificate.)		Testing Date:	U.S.T.F. Number:	I.T.F. Number:
Name of Your Taekwon-Do School:	Age:	Belt Size:	Testing Fee	Paid: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Address:		City & State:	Zip:	
Current Rank: Gup: Color:	Rank Testing For: Gup: Color:	Instructor's Recommendation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Provisional		
<p>I hereby request to be tested for promotion and agree that the judges shall be the only persons who are qualified to promote or fail me on the basis of my technique, knowledge of the art and attitude. I also understand that I must have written permission from the Master Instructor to attempt to skip rank or to miss the tournament part of the testing when it is required. I also agree that I will not engage in the business of instruction or other activities of the United States Taekwon-Do Federation without the written permission of this organization. I clearly understand that this Taekwon-Do testing involves physical activity, including but not limited to, jumping/flying techniques and breaking with the hands and/or feet for some Gup levels. I am aware of my personal mental & physical condition and hereby certify that I am mentally & physically healthy. I am protected by personal insurance and it is current. In the event of any injury or accident of any sort, I hereby for myself, my heirs, my successors and/or executor discharge, indemnify and release any and all claims or damages which I may have as a result of my participation in this Taekwon-Do testing.</p>				
Signature of Student:		Parent or Guardian Signature: (if student is under 18)	Date Signed:	

STUDENT/PARENT OR GUARDIAN — DO NOT WRITE BELOW THIS LINE (Except Student Name & To Sign "Student Signature").

Student Name: (Printed)	Instructor's Recommendation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Provisional	Tester's Name & Rank:
TESTING CATEGORY	COMMENTS	GRADE
HAND COMBINATIONS:		
BASIC KICKS:		
MULTIPLE KICKS:		
JUMPING KICKS:		
Required Step Sparring #1: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Beginning Semi-Free <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Required Step Sparring #2: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Beginning Semi-Free <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Required Step Sparring #3: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Beginning Semi-Free <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Comments: _____	Comments: _____	Comments: _____
Judge's Signature & Rank:	Student's Signature:	

Notes To U.S.T.F. Headquarters:

Additional Fee Paid For:

Paid by: Cash Check # _____

U.S.T.F. patch. Please attach to returned testing form.

Amount Paid: _____

I.T.F. patch. Please attach to returned testing form.

STUDENT/PARENT OR GUARDIAN -- DO NOT WRITE ABOVE THIS LINE

Student Name: (Printed)	Name of Your TaeKwon-Do School:	Testing Date: /
TESTING CATEGORY	COMMENTS	GRADE
REQUIRED PATTERN: <input type="checkbox"/> 4-Direction Block <input type="checkbox"/> Chong-Ji <input type="checkbox"/> 4-Direction Punch <input type="checkbox"/> Dan-Gun		
REQUIRED PATTERN: <input type="checkbox"/> Do-San <input type="checkbox"/> Won-Hyo <input type="checkbox"/> Yul-Gok <input type="checkbox"/> Joong-Gun		
REQUIRED PATTERN: <input type="checkbox"/> Toi-Gye <input type="checkbox"/> Hwa-Rang <input type="checkbox"/> 4-Direction Thrust <input type="checkbox"/> Choong-Moo		
HISTORY & PHILOSOPHY:		
HOSIN-SUL:		
REQUIRED BREAK #1: <input type="checkbox"/> Hand <input type="checkbox"/> Foot		
REQUIRED BREAK #2: <input type="checkbox"/> Hand <input type="checkbox"/> Foot		
REQUIRED BREAK #3: <input type="checkbox"/> Hand <input type="checkbox"/> Foot		
TOURNAMENT/SPARRING COMPETITION:		