

TRADITIONAL JKA SHOTOKAN CANADA RANKING EXAMINATION FORM

PLEASE PRINT Name as
you want on rank certificate

NAME			Membership JKA #	Age	Sex	Present JKA Rank	
First	Middle	Last	No: _____			Rank	When received
			Expiry: _____			Kyu/Dan	Mo. Year
Name of Club	Examination		If re-examination		Examination Fee		
	Place	Date	last examination		Membership Fee		
			Mo.	Year			

FOR EXAMINER'S USE ONLY

		Weak Point		Good Point	TOTAL
		Point	Reason		
KATA					
Kihon	Stance				
	Punching				
	Striking				
	Blocking				
	Kicking				
	Comb. Other				
Kumite	Offense				
	Defense				
	Other				
Other					
Result	Kyu Dan	REMARKS:			
		_____ Chief Examiner			

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