



Brown Belt Graduation

NAME: _____ D.O.B: ____/____/____

**Sign and return this form, with Graduation Fee, NO LATER than 1 day prior to the ceremony. Students must be current on tuition payments at time of Graduation, NO EXCEPTIONS.

Make Up Graduation :
Date: _____ Time: _____
Make up testing fee additional \$25

Parent/ Self Evaluation:

A B C D

Comments to Grand Master Cho:

| | | | | |
|-----------------|--|--|--|--|
| Respect | | | | |
| Self Control | | | | |
| Self Confidence | | | | |
| Self Motivation | | | | |
| Self Commitment | | | | |
| Self Esteem | | | | |

Students Goal:

Judges Evaluation:

Students Bad Habit:

Knowledge Requirements:

PASS FAIL

I submit this application to the promotion Board of Bill Cho's United Taekwondo Center under World Taekwondo Federation:

Student/ Guardian Signature: _____ Date: ____/____/____

Please Make Checks Payable to: BILL CHO'S T.K.D

Graduation Fee: **Basic Club \$75 Black Belt Club \$50**

(Make-Up Graduation Fee: additional \$ 25.00)