



Light Blue 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

Respect				
Self Control				
Self Confidence				
Self Motivation				
Self Commitment				
Self Esteem				

Comments to Grand Master Cho:

Students Goal:

Judges Evaluation:

Knowledge Requirements:

PASS	FAIL
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Students Bad Habit:

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)