



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

Total Due: \$75