



APPLICATION FOR PROMOTION TEST

Universal Taekwon Do Federation

First Name: _____ Last Name: _____

Testing for: Kup , Dan , Dan Review, Fulfill Condition
(circle one)

Date of Last Test/Review: _____

Present Rank: _____ Instructor/Dojang: _____ Belt Size: _____

Date of Birth: _____

Home Phone: () - Work/Cell Phone: () -

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

I would like to take my promotion test in accordance with the rules of the Universal Taekwon Do Federation.

Signature: _____
(Parent or guardian if under 18 years)

Date: _____

for UTF use Cert: _____ Date: _____
