

STONE MOUNTAIN TAEKWONDO ACADEMY

Belt to Belt

Name: (Please Print) STUDENT'S NAME	Gender: Student's Gender
Address: Student's Address	Birthday: Student's Birthday Age: Student's Age
City: Student's City Zip: Student's Zip	Phone: Student's Phone #
Email: Student's (or Parent's) Email Address	

Testing Requirement	A B C D	INSTRUCTOR'S USE ONLY
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Testing Requirement	A B C D	
Result	A B C D	

Examination Date: **Date of Test** (leave blank in unknown)

Examination Fee		Instructor's Use Only
00 - Belt to Belt:	\$00.00	
Color Belt Test	Parent (or Adult Student) Signature	
Authorization Signature		Belt Size: Requested Belt Size

Please return this paper at least 24-hours before the Belt Test - Papers returned the day of the Belt Test may be subject to a **\$5 LATE FEE**