

SHOTOKAN KARATE INTERNATIONAL - AUSTRALIA INCORPORATED



NOTICE OF APPLICATION TO SHODAN/NIDAN TEST

NAME: _____

ADDRESS: _____

PRESENT RANK: _____ DATE GRADED: _____

DATE OF BIRTH: _____ AGE LAST BIRTHDAY: _____

DOJO AT WHICH YOU ARE MEMBER: _____

NAME OF RESIDENT INSTRUCTOR: _____

SIGNATURE OF RESIDENT INSTRUCTOR: _____

I, the under signed, do hereby acknowledge that I fully understand the Dan Grading Regulations governing my application to take Dan test.

I undertake to accept the judgement of the Technical & Development Committee of S.K.I. Australia with regard to my application and understand that the Panel may accept or reject my application, upon consideration of my current technical standard.

I also accept the fact that I will not be permitted to attempt a Dan grading unless I comply with the Grading Regulations which have been circulated by the Technical & Development Committee.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____
(If under 18 years of age).

DATE OF SEMINAR AT WHICH GRADING WILL TAKE PLACE: _____

Forward to the National Technical & Development Committee, care of the Memberships Office, not later than one month before seminar.

SEND TO: S.K.I.A. MEMBERSHIP OFFICE. 61 BARNES CRESCENT, MENAI, NSW, 2234