



Weapon Promotion Application

Yong In USA Location: _____

- Single Nunchaku Bo Staff
 Double Nunchaku Double Stick

Name: _____

Birthdate: _____

I recognize that belts and certificates are awarded only when specific standards of performance are met. In the event that I do not perform to the satisfaction of the testing official(s), promotion may be delayed until further progress has been demonstrated. If I do not achieve the desired degree, I may retest for that degree on the next promotion test date. I recognize that promotion standards are uniform and that each belt degree reflects a specific level of competence.

Signature: _____
 (Parent or Guardian if student is under 18 years old)

Date: _____

For Office Use Only

Single Nunchaku

- 1 – 8 Striking
 1 2 3 1 2 3

Double Nunchaku

- 1 – 8 Free Style
 1 2 3 1 2 3

Double Stick (Edam Poom)

- Comb. Attack Blocking
 1 2 3 1 2 3
- Self Defense
 1 2 3

Bo Staff (Poom)

- | | |
|--|--|
| Single Hand Roll
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Single Hand Roll
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Circle
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Helicopter
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Turning Step
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Block
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Strike
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Form
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Attitude

- | | |
|---|--|
| Respect
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Discipline
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Control
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Confidence
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Official Signature: _____

Test Results: Pass Please Try Again

Exam Request Form

Student Name: _____

Today's Date: _____

Start Date: _____

Exam Date: _____

The following is a list of special services that we offer.

Please check ones of interest so we can send you more information about them:

- | | | |
|---|---|--|
| <input type="checkbox"/> Private Lesson | <input type="checkbox"/> Black Belt Club | <input type="checkbox"/> Self Defense Seminars for Women |
| <input type="checkbox"/> Weapon Class | <input type="checkbox"/> Sparring Class | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Demo Team | <input type="checkbox"/> Schedule a Demo Team event | |
| <input type="checkbox"/> Please send me free gift certificates to share with friends and family | | |

Thank you for taking the time to complete this form.

Please be sure to sign and return this form one week prior to your exam.

Exam Fee: **\$80**

Check #

Cash or Zelle

Credit Card

Please make check payable to: Yong-In Aurora Marital Arts

Student Signature: _____