

TRINITY MARTIAL ARTS APPLICATION FORM FOR 2nd DAN GRADING

Attach
Student
Photo Here

DAN NUMBER _____

TEST FEE \$175.00

NEW BELT _____

NAME OF STUDENT _____

PRESENT RANK _____

ADDRESS _____

DATE OF BIRTH _____

E-MAIL ADDRESS _____

Attach Essay "Why I Continue to Train in Tang Soo Do" to application. Turn in both prior to test.

Etiquette and General					Terminology and Basics						
Presentation					Terminology		Basic Drills				
Uniform					Correct Term						
Composure					Technique						
Spirit					Power						
Discipline					Focus						
Hyung / Forms	Pyahn Ahn Forms	Basia		JINDO	Nihanchi Forms		SIP SOO				
Technique											
Sequence											
Power											
Focus											
Sleve Escape	1	2	3	4	Knife Defense						
Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4			
Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Intensity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Defense Against Kicking					1	2	3	4			
Focus					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Technique					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Intensity					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Kyuk Pah / Breaking											
Effectiveness	<input type="checkbox"/>	_____				<input type="checkbox"/> Failed: Consistant errors, Clear Area of Weakness <input type="checkbox"/> + Passed: Consistantly meets Standards, less than two errors. <input checked="" type="checkbox"/> Exceptional: Consistant High level, Clearly Stands apart					
Technique	<input type="checkbox"/>	_____									
Intensty	<input type="checkbox"/>	_____									

Signature of Instructor/Examiner _____ Date: _____