

Studio Address:
Del Martial Arts LLC
340 South Ave. East
Westfield, NJ 07090
908-233-2284

Student Test Application

USSBD Studio Certification # SB571

This form must be completed in its entirety and returned along with the proper fee to the studio on or before the published deadline!

Testing Date: ___/___/___

Name: _____

Date of Birth: ___/___/___

Address: _____

Telephone: () _____

Email: _____

Gup Membership No. _____ Federation Membership Expiration Date: ___/___/___

(FEDERATION MEMBESHIP MUST BE CURENT AT TIME OF TESTING)


Training Start Date: ___/___/___

Date of Last Promotion: ___/___/___

Current Rank (Please Refer Below): _____

10th GUP: 

5th GUP: 

9th GUP: 

4th GUP: 

8th GUP: 

3rd GUP: 

7th GUP: 

2nd GUP: 

6th GUP: 

Applicant's Signature: _____

Parent's Signature (if under 18) _____

Test Fee:

- \$45.00 CASH
- \$60.00 Check / Credit Card / Venmo
- Fees are not accepted day of testing

Office Use