

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

Dan / 1st Gup

Evaluation

FORM

This form must be completed in its entirety and returned along with the proper fee to the studio ***a minimum of 2 weeks BEFORE AN EVALUATION!***

Evaluation Date: ___/___/___

Name: _____

Date of Birth: ___/___/___

Telephone: () _____ Email: _____

Dan/Gup Membership No. _____ (found on ID card and certificates)

Federation Membership Expiration Date: ___/___/___ (found on ID card)

Training Start Date: ___/___/___

Date of Last Promotion: ___/___/___
(found on last certificate)

Current Rank: _____ (1st Gup, Cho Dan, E Dan, Sam Dan)

This is Evaluation # _____ (4 per year until next rank)

Applicant or Guardians Signature: _____

Evaluation Fee:

- \$45.00 CASH
- \$65.00 CHECK, CREDIT CARD or VENMO
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Official Use