

Application For Godan

To be completed by Student

Name		Date	
Mailing Address			
Phone		Postal Code	
DOB		Sex	
Pass Book #		Email	
Club		Instructor	
Present Rank		Previous Style Studied	
Date of Enrolment		Date of Last Grading	
Training Schedule			
Average # hour/week		Average # months/year	
Teaching Schedule			
Average # hour/week		Average # months/year	
Disabilities			
Checklist		Date(s)	
2- Black Belt Clinics	required		
2 Tournaments	required		
Pre grading	highly recommended		

Use separate sheet to answer the following:

1. What benefits have you achieved through Wado-Kai Karate?
2. What have you accomplished since your last grading? (to be completed only if over minimum time)
3. What are your future goals with the Shintani Wado-Kai Karate Federation? (to be completed only if over minimum time)

To be completed by Instructor

Instructor's Name		Phone	
Club name/location			
Instructor's Sensei		Teaching Certificate #	
Present Rank		Date of Last Grading	
Re: Student	Below is regarding black belt applicant's information		
Training Schedule			
Average # hour/week		Average # months/year	
Teaching Schedule			
Average # hour/week		Average # months/year	
Disabilities			

Use separate sheet to answer the following:

1. Why are you recommending this student for advancement?
2. What do you feel this student has to offer the SWKKF? (To be completed only if over minimum time)

For Office Purpose Only

Date Received	
Information & Payment Received	