



NIHON KARATE DOJO
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(714) 521-4637

KYU TEST REGISTRATION FORM

Name _____
Address _____
Telephone _____
Kyu _____

Gi _____
Patch _____
Passport _____
Due _____

Kihon:

Kata:

Kumite:

Signature _____ Print Name _____ Date _____
(If under 18 years of age, the approval of parent or legal guardian is required.)

Signature of parent or guardian _____ Date _____

Examiner _____ Date _____ Examiner _____ Date _____