



# APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Style: \_\_\_\_\_

School: \_\_\_\_\_

Sensei: \_\_\_\_\_

Are you a Zen Bei Butoku-Kai International member?

- Yes - How long? \_\_\_\_\_
- No

What is your current Z.B.B.K. International belt level? \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you had any previous martial arts experience prior to your Z.B.B.K. International membership?

- Yes - How long? \_\_\_\_\_
- No

What black belt level are you attempting? Level: \_\_\_\_\_ Art: \_\_\_\_\_

Is this your first time attempting this level?

- Yes
- No - When did you last attempt this level? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you passed a preliminary grading through your own school?

- Yes
- No

Do you have any physical restrictions or conditions that require consideration by the examiners?

- Yes - Please specify: \_\_\_\_\_
- No

Sensei's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_