



REGISTRATION FORM BLACK BELT EXAMINATION.

Name: _____ Sex: _____
Date of birth: _____ Place of birth: _____
Name of dojo: _____ Address of dojo: _____
Current teacher: _____
Current grade: _____ Since: _____

Go for : Shodan
Nidan
Sandan

SENT ALL INFORMATION BEFORE THE 15TH OF JUNE 2015 TO:
INTERNATIONALBUDOKAI@GMAIL.COM