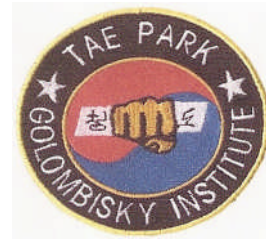




NORTHERN MICHIGAN TAE PARK TAE KWON DO

(WWW.NMPTKD.COM)

GOLOMBISKY INSTITUTE
Master Eckert, Master Ramos, Master Iliff



Name:(Last) _____ (First) _____ (Initial) _____ (Tel) _____

Address: _____ (City) _____ (State) **MI** (Zip) _____

In case of an emergency notify: _____ (Tel) _____

Do you have any physical problem(s) in taking the test? _____

Age: _____ Date of Birth: _____ Weight: _____ Height: _____ (ft) _____ (in)

Start Date: _____ Current Rank: _____ Last Promotion: _____

Training Location: _____ Nationality: _____

I understand that the promotion fee is \$ _____ and I have agreed to make full payment. I understand that the fee is not refundable.

In consideration that a risk may be involved at the test I release the Association President, Master Instructors, Members and Authorized Guests from all responsibilities and claims for injury I may receive while taking the test.

If your are under 18 years of age, please have your guardian sign below.

APPLICANT / GUARDIAN

SIGNATURE: _____

\$5.00 Fee: \$ _____

Test Fee: \$ _____ ATTENDANCE: Excellent Good Fair Poor

Amt. Pd: \$ _____ PERFORMANCE: Excellent Good Fair Poor

Balance: \$ _____ SPIRIT: Excellent Good Fair Poor

Paid Full: YES / NO

Rec. Initial: _____ Recommended by: William Golombisky, Sa Bum

Instructor's Signature: _____ Dated: _____

TEST EVALUATION:

Form: _____ Basic Kicking: _____ 1-Step: _____ Free Fighting _____ | _____ |

Break: _____ Tae Kwon Do Spirit: _____

Recommendations: _____

Make checks payable to: Golombisky Institute