SUISHIN ITTO-RYU BATTO-DO

(TOYAMA-RYU PRESERVATION SOCIETY)

1429 N. Bristol, Santa Ana, CA 92706 (714) 543-5550 fax (714) 835-5067
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Attach photo
2 x 2 inches.
Do not use glue.

RECOMMENDATION FOR BLACK BELT EXAMINATION

The following person is recommended to be examined for promotion to the rank of Black Belt in consideration of his/her training, condition, and the respect he/she has shown for our organization.

Name: _____
Last First MI

Date of Birth: _____ Age: _____ Male/Female: _____

Address: _____

_____

Telephone: _____ E-mail: _____

Date Started Batto-Do: _____ Total Years Active Training: _____

Other Martial Arts: _____ Total Years Active Training: _____

Last Kyu ***OR*** Dan Test: Date: _____ Rank: _____ Belt Size: _____

List of Katas Known: _____

_____

_____

_____

_____

Special Conditions or Physical Limitations: _____

_____

Dojo Name: _____

Instructor's Name: _____

Instructor's Signature: _____

Date: _____ Amount of Deposit: $_____

IMPORTANT INSTRUCTIONS:

When you submit this form:
1) Attach _____ 2" by 2" photo(s) (no glue).
2) Include the deposit amount indicated above.
3) Ask your instructor to sign where indicated.