

## **South Atlantic ISKF**

## Kyu / Dan Pre-Test EXAMINATION FORM



First Name	e Lo	Last Name		t Rank	Club Affiliation		
	,		ISKF Carc	d Number	Expiration Date	Age	
Exam	Cost	Amount Paid					
Kyu Exam	\$40.00		Start Date		Date of Last Exar	m Testing Kata	
I.S.K.F. Dues	\$50.00						
Other:			Date of T	his Exam	Location of This	Exam	
	Total Enclosed:						
This form <u>must be received</u> one week prior t			to the exa	ım.	* Instructors Ap	* Instructors Approval Signature *	
Please make che	ecks payable to: <b>So</b>	uth Atlantic ISK	(F, LLC.				
Placement Test (Transferring from	Dan Pre-Test (N	lo Fee)					
another organization) ISKF Passport - \$65 (Required for 1 Kyu			& above)		For Region	For Regional Exams	
Payment submitte	<b>d</b> :				Please send forms to:		
Check # Cash Pay		rpal Zelle	k		weber@SouthAtlanticISKF.com		
	onsideration of being perm		se Form				
providers from any liak said purpose. The und increased risk and has	nal Shotokan Karate Feder oilities for damages due to dersigned represents that I adequate insurance cove outors and administrators.	the loss or damage t ne/she is fully aware of	o property, pe f the risks of su	ersonal injury uch particip	or death which may o ation, has no health co	ccur at such facility for nditions presenting any	
(Please Do Not Detatcl		Signature of participant or parent/guardian for under 18 Date					
I	NTERNATION	AL SHOTOK EXAMINAT			FEDERATION	N	
irst Name:	Last Name:		Age	Pres	ent Rank	Start Date	
Oojo or School		ISKF Card Nur	nber	Date	e of Exam	Place of Exam	
egistration Fee		Examina	Examination Fee		Membership fee		
Kihon Kata		 Kumite			Other	Results	
	1	1		1	ı		
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Additional Remarks: Updated: 12/2024