



South Atlantic Exam & ISKF Reporting Form



Club Name: _____ Date Submitted: _____ Examiner: _____

Check all that apply: Kyu Exam ISKF Renewal Exam Date: _____

	Students Name	Start Date	Current Rank	Promoted Rank	ISKF Number	ISKF Status	ISKF Fee	Kyu Certificate	Examiner Fee
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Total ISKF Fees: _____

Mileage Calculator: _____ Miles x .20 per mile = _____

Total Testing Fees: _____

Certificate Fees: _____

Clinic Calculator: _____ Hours x \$100 per hour = _____

Per Diem: _____

Per Diem Calculator: _____ Days x \$85 per day = _____

Hotel: _____

Mileage: _____

PayPal:

Clinic Fee: _____

Zelle:

Examiner Fee: \$20 ea.

Total Enclosed:

Check # _____

Kyu Certificate Fee: \$12 ea.

Make checks payable to: South Atlantic ISKF, LLC

Submitted by: _____

Notes: