

# E X A M I N E R ' S R E C O R D

Date (yyyy-mm-dd)

<b>N a m e</b>		<b>Sex</b>	Male    Female	<b>Date of Examination</b>		
		<b>Age</b>		<b>Date of Birth</b>		
<b>Karate Organization</b>	Canada JKA Karate Federation	<b>Membership Number</b>		<b>Height (cm)</b>		<b>Weight (kg)</b>
<b>P r e s e n t   A d d r e s s</b>				<b>Nationality</b>		
					Tel.	
<b>Last Academic School Attended</b>						
<b>Reference</b>	Name			Relationship		
	Address				Tel.	

## S C O R I N G

### RANKING INFORMATION

<b>Rank Being Tested for</b>		
<b>Present Rank</b>		
<b>Date of Conferral</b>		
<b>Registration No.</b>		
<b>Number of Months and Years in Karate Training</b>	Years	Months
<b>Present Qualifications</b>		
<b>Instructor</b>		
<b>Examiner</b>		
<b>Judge</b>		

	Basic	Kata	Kumite	Application of Techniques Research Others	Total Marks	Results
<b>A</b>						Chief Examiner Signature
<b>B</b>						PASS FAIL RE-EXAM PENDING
<b>Remark</b>						
<b>Examination Fee</b>				<b>Registration Fee</b>		

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<b>Rank Being Tested for</b>	<b>AUTHORIZATION TO TAKE EXAMINATION</b>					<b>Stamp</b>	<b>Examination Fee</b>	<b>Registration Fee</b>
	<b>Dan</b>	<b>Name</b>		<b>Karate Organization</b>	<b>No.</b>	<b>Date of Examination</b>	<b>Year</b>	<b>Month    Day</b>

Sign this slip and hand it in within THREE (3) months to receive "Dan" certificate or in case of failure, to receive refund of registration fee.

**J A P A N   K A R A T E   A S S O C I A T I O N**