

# Japan Karate Association of Virginia

## Test Application

**Date:**

Test fee \$35

Name: ----- Age: ----- Date of Birth: -----

Current Rank ----- Kyu/Dan

Current Address: -----  
(Street) (City, State & Zip Code)

Home Telephone: ----- Business: ----- Cell: -----

**Email Address: (Please Print)** -----

If Under 18 years, give name(s) of parent(s) and/or legal guardians(s): -----

(Do not write in this section)

Kihon	Kumite	Kata
Pass	Pending	Fail

NOTES:

Initial: