



Shotokan-Ryu-Kase -Ha

DAN: _____

No: _____

Grading-Application-Form

Grading Application Form

(Please write in capital block letters only)

Name, First Name: _____ **Country:** _____

Address: _____

Tel/Fax: _____ **Email:** _____

Age: _____ **Karate since:** _____

Date of last grading: _____ **Examiner:** _____

Proposed by: _____ (Senior Academy Member)

Grading to: _____ **Dan**

Kihon: _____ **points**

Kata: _____ **points** **Kata name:** _____

Kumite: _____ **points**

Total points: _____ **points**

Passed: yes / no

Date: _____ **Place:** _____

Examiner: _____

Shotokan-Ryu-Kase-Ha