



WKC Canada
Black Belt Rank
Application Form

NAME: _____
ADDRESS: _____
CITY: _____ PROVINCE: _____
EMAIL: _____

Martial Arts History

I want to grade to the rank of _____ degree.

I started Martial Arts in the year _____.

I received my Shodan (1st degree) Black Belt in the year _____.

I received my Black Belt from _____.

My style of Martial Arts is _____.

My Martial Arts school is _____.

Please list two personal references from the Martial Arts community:

Name _____ Phone _____

Name _____ Phone _____

Martial Arts Knowledge

Please list five advanced katas/forms that you know:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any weapons that you study.

1. _____
2. _____

What type of sparring/self defense do you practice?

Do you currently teach Martial Arts? If yes, where?

Mail to: WKC CANADA, 1270 Bank Street, Ottawa, Ontario K1S 3Y4

Fax to: 1-613-521-5720 Any questions call 1-613-234-5000