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GRADING ENTRY FORM

GRADING DATE	DD/MM/YYYY	GRADING VE	NUE	
TRAINING CLUB				
NAME				
ADDRESS				
POSTCODE		CONTACT PHO	DNE NO.	
DATE OF BIRTH	DD/MM/YYYY			
HEALTH ISSUES? If YES please state the nature of the medical condition that TKD should know about.	YES/NO			
TKD LICENCE NO.			EXPIRY DATE	DD/MM/YYYY
YOUR PRESENT GRADE			KUP	
APROX. TIME SII	NCE LAST GRADING		MONTHS	

Please note:

This form should be completed and returned to your instructor with the appropriate grading fee of **£25.00** two weeks prior to the arranged grading date.

Blue belts and above should seek their instructor's permission to grade.