

WKA CANADA
BLACK BELT RANK
APPLICATION FORM



NAME: _____
ADDRESS : _____
CITY : _____ PROVINCE : _____
POSTAL CODE : _____ TELEPHONE: _____
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 personal 2 references from the Martial Arts community.
Name _____ phone _____
Name _____ phone _____

Martial Arts Knowledge:

Please list 5 advance 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?

Please list any other Martial Arts accomplishments.

