



ARIZONA WADO KARATE ASSOCIATION BLACK BELT APPLICATION FORM

Name: _____

Parent's Name (Junior Black Belt): _____

Address: _____

State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Sex: M: _____ F: _____

Current Rank: _____ Rank Applying For: _____

Instructor Name: _____ Date Started Wado: _____

Current Physical Limitations: _____

Date Submitted: _____ Test Fee (\$400): Check ___ Cash ___ Card ___

List Dates you have received Wado Black Belt Ranks:

1st Dan _____ 4th Dan _____

2nd Dan _____ Other: _____

3rd Dan _____

List below any other organizations you have trained with. Please list the style(s), length of training, and the instructor's name:

If you have received black belts from other organizations, please list the rank and the date received: