

Hickey Karate Center Kyu Test Registration Form

Must be turned in one week before the test

Karate: ____ JuJitsu: ____ Kobudo: ____ Taekwondo: ____

Name: _____

Current Rank: _____

Testing rank: _____

If changed, Please complete the below:

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Test Fee: _____ \$45.00

Belt: _____ \$5.00

Total Attached:

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