



Korea Kumdo Association of Chicago

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Promotion Testing Application

(Please type or print all information)

Applicant Name: -----
Last First M.

(in Korean, if applicable)

Date of Birth: ____ / ____ / ____ Sex: M or F
Month Date Year

Address: _____
Street City State Zip

E-mail: _____ Phone: Home ()
Mobile()

Current Rank: _____ Geup Date Received:

Testing Rank: _____ Geup

Applicant Signature: _____ Date:

Parent/Guardian: _____ Date:

To Korea Kumdo Association of Chicago