



# Bailey's Traditional Taekwon Do College

22315 Highway 99 North, Suite 6-7; Edmonds, Washington 98026 (425) 778-4006 baileystkd@gmail.com

Please return this application to your instructor no later than: \_\_\_\_\_

***(This section to be completed by the instructor.)***

Application for Kup Examination to be held \_\_\_\_\_ at \_\_\_\_\_  
(date) (time)

Student's name: \_\_\_\_\_

Student's present rank: belt color \_\_\_\_\_; Kup \_\_\_\_\_; size \_\_\_\_\_

Test fee: Please circle the correct amounts and fill in the total. (9.8% WA State Excise Tax included.)

\$32.94 yellow; \$38.43 blue; \$43.92 purple; \$49.41 brown; \$10.98 belt & tax: Total: \_\_\_\_\_

Location of Taekwon Do school where student practices: \_\_\_\_\_

Instructor's signature: \_\_\_\_\_

Junior Student:  will not be breaking;  will be breaking with a \_\_\_\_\_  
\_\_\_\_\_ Green, \_\_\_\_\_ Blue, \_\_\_\_\_ Brown. Please show number to be used.

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***(This section to be completed by the student.)***

Please print or type your name as you wish it to appear on your certificate.

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of last test: \_\_\_\_\_

Test fees are non-refundable. If the applicant does not pass the test, he/she may retest for the same Kup at no additional charge. I agree that any pictures taken of or by me in connection with this promotion test may be used by Bailey's Traditional Taekwon Do College for publicity or promotion without compensation at this time or any other time.

Student's signature: \_\_\_\_\_

(Parent or Guardian's Signature for students under 18 years of age)

Please do not photograph or video this student.

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***(This section for official use only.)***

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Promoted to: \_\_\_\_\_ Date: \_\_\_\_\_  
(if other than above date.)

Examiner's Signature: \_\_\_\_\_