

**KYU EXAM FORM**

*NAME:* \_\_\_\_\_

*DATE OF BIRTH:* \_\_\_\_\_

*DOJO LOCATION:* \_\_\_\_\_

*EXAM DATE:* \_\_\_\_\_

*CURRENT RANK:* \_\_\_\_\_

*ISKF MEMBERSHIP EXPIRATION DATE:* \_\_\_\_\_

*SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*PARENT'S SIGNATURE (UNDER 18):* \_\_\_\_\_

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