

# NEW JERSEY MARTIAL ARTS ALLIANCE TESTING APPLICATION

ADVANCED

Testing Fee: \$40

Name: \_\_\_\_\_ Current Rank: \_\_\_\_\_ Age: \_\_\_\_\_

I will be attending Primary Testing YES / NO (If "NO" then please attach an additional \$15 post testing fee)

Red - Sr. Brown belts please complete the "Board Breaking" section, and bring your own boards to the testing.

<input type="checkbox"/>	PRIMARY FORM	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target
SECONDARY FORMS											
<input type="checkbox"/>	Chun Ji	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target
<input type="checkbox"/>	Dan Gun	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input checked="" type="checkbox"/>	Technique	<input type="checkbox"/>	Target
<input type="checkbox"/>	Do San	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target
<input type="checkbox"/>	Won Hyo	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input checked="" type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target
<input type="checkbox"/>	Yul Guk	<input type="checkbox"/>	Focus	<input checked="" type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target

SECONDARY MATERIAL											
<input type="checkbox"/>	Self Defense / One Steps	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		
<input type="checkbox"/>	Offensive Combo	<input type="checkbox"/>	Curriculum Kick								
<input type="checkbox"/>	Defensive Combo	<input type="checkbox"/>	1	<input type="checkbox"/>	2						
<input type="checkbox"/>	Sparring	<input type="checkbox"/>	Target	<input type="checkbox"/>	Defense	<input type="checkbox"/>	Control	<input type="checkbox"/>	Offense		

BOARD BREAKING											
<input type="checkbox"/>	Hand ( Left / Right )	_____									
	<i>Please circle</i>	<i>Name of technique and number of boards</i>									
<input type="checkbox"/>	Foot ( Left / Right )	_____									
	<i>Please circle</i>	<i>Name of technique and number of boards</i>									

Judge: \_\_\_\_\_ Pass / Possible NC