

NEW JERSEY MARTIAL ARTS ALLIANCE TESTING APPLICATION

BEGINNER

Testing Fee: \$30

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



Judge: _____ Pass / Possible NC