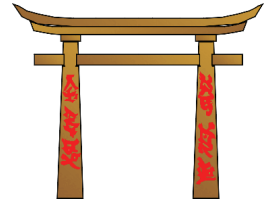




# KOBUDO APPLICATION AND TESTING SHEET



Please send this application and required fee to:  
Dr. James Webster, 89 Lamplighter Dr., Melbourne, FL 32934

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle DD MM YY

Street Address: \_\_\_\_\_ Membership #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Dojo: \_\_\_\_\_ Dojo Phone #: \_\_\_\_\_

Dojo Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sensei: \_\_\_\_\_ Your Current Rank: \_\_\_\_\_

Kobudo Rank: \_\_\_\_\_ Kobudo Rank Date: \_\_\_\_\_

Kobudo Rank Testing For: \_\_\_\_\_

Please Check One

Alliance Member - (New Rank) \$40.00

Alliance Member - (Upgrade) \$40.00

Non Alliance Member - \$80.00  (Must send in an Alliance Membership Application with this form)

Judges Evaluation and Comments:

Judge 1: \_\_\_\_\_

Judge 2: \_\_\_\_\_

Judge 3: \_\_\_\_\_

Judge 4: \_\_\_\_\_

Judge 5: \_\_\_\_\_

Passed: YES  NO

Date Passed: \_\_\_\_\_  
DD MM YY

Judges Signatures

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_