

ALLIANCE
-Upgrade Board of Review-
RANK UPGRADING INFORMATION
PLEASE PRINT CLEARLY

NAME _____ BIRTHDATE ____/____/____ M/F ____

ADDRESS _____ CITY _____ ST _____ ZIP _____

ARE YOU A CITIZEN OF THE U.S.A.? Y / N *(If no, procedure takes 4 weeks longer to process.)*

HOME PHONE (_____) _____ - _____ SCHOOL PHONE (_____) _____ - _____

CELL PHONE (_____) _____ - _____

E-MAIL _____ YOUR WEBSITE _____

CURRENT RANK _____ DATE OF LAST RANK UPGRADE ____/____/____

YOUR STYLE(S) _____

DATE YOU BEGAN STUDY OF MARTIAL ARTS (approx) ____/____/____

YOUR PAST INSTRUCTORS _____

WHAT IS YOUR STRONGEST AREA _____

HOW DID YOU HEAR OF THE ALLIANCE AND RANK UPGRADE BOARD OF REVIEW? _____

WHAT ARE YOUR MARTIAL ARTS SPECIAL INTERESTS? _____

LIST ANY CHARITABLE (LOCAL/NATIONAL) CONTRIBUTIONS TO THE ARTS YOU DO INDIVIDUALLY

OR AS A SCHOOL _____

CURRENT MARTIAL ARTS ORGANIZATIONS OR ASSOCIATIONS YOU BELONG TO _____

SPECIAL AWARDS YOU HAVE RECEIVED _____

ANY OTHER SPECIAL COMMENTS _____

SPIRITUAL BELIEFS _____

DO YOU OR YOUR STUDENTS FREQUENT MARTIAL ARTS COMPETITIONS? Y _____ N _____

MARRIED _____ SINGLE _____ DIVORCED _____ SEPERATED _____ WIDOWED _____

I HEREBY CLAIM ALL OF THE ABOVE TO BE TRUE AND HONEST.

DATE ____/____/____ YOUR SIGNATURE _____