

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Kim's Tae Kwon Do Rank Test

Tae Kwon Do is divided into three equal parts: Mind, Body, and Spirit. The upcoming testing is designed to test your physical ability, or your Body. This short written test is designed to test your Mind. Both your mind and body are important in Tae Kwon Do, and both hold weight to your overall success. To develop your Tae Kwon Do spirit, you must first develop your mind and body.

### White Belt Test

1. What does Tae Kwon Do mean?

---

---

2. What are the 4 rules of Tae Kwon Do?

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

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

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

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

3. Name three rules of the Dojang.

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

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

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



# PROMOTIONAL TESTING APPLICATION

*American*

*Chung Do Kwan Taekwondo Association*

DO NOT WRITE IN THIS SPACE  
AMT PD \_\_\_\_\_ DATE \_\_\_\_\_

TURNED IN CARD  
 NO CARD BY \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACTA #	LAST	FIRST	INIT
<input type="text"/>			
ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	BROWN AND BLACK BELOW
<input type="text"/>		<input type="text"/>	
EMAIL ADDRESS		SIGNATURE OF APPLICANT	
CHECK HERE IF NEW ADDRESS <input type="checkbox"/>		SIGNATURE OF PARENT IF UNDER 18 YRS. OLD	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	CLUB	<b>MAKE CHECKS PAYABLE TO ACTA MN</b>	

I hereby submit this application for the regularly scheduled Promotional Testing. It is agreed and understood that I will adhere to all the rules and regulations outlined in the bylaws of the American ChungDoKwan TaekWonDo Association, and of Kim's Academy. I agree to waive claims against any persons, schools, and associations connected with the American ChungDoKwan TaeKwonDo Association for a

- HOW TO FILL IN THIS FORM:**
1. Print all the required information, All the information requested must be given or the form will be returned to you.
  2. To fill in the information for location, see your immediate instructor. ACTA Number can be found on your ACTA membership card,

**PAYMENT:**

1. See your immediate instructor for the testing fee.
2. You may pay by check or money order. Do not send cash.
3. Return this form to your immediate instructor

\$5.00 late fee after the Thursday class prior to the Saturday testing.

## Please Enter Your Date Of Birth