

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/Yellow Belt Test**

1. What is the meaning of the form Chon-Jie?

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2. What makes Tae Kwon Do different from other martial arts?

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3. List three courtesy points toward the instructor.

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"/> ACTA #	<input type="text"/> LAST	<input type="text"/> FIRST	<input type="text"/> INIT
<input type="text"/> ADDRESS			
<input type="text"/> CITY	<input type="text"/> STATE	<input type="text"/> ZIP	<input type="text"/> BROWN AND BLACK BELOW
<input type="text"/> EMAIL ADDRESS		<input type="text"/> SIGNATURE OF APPLICANT	
<input type="checkbox"/> CHECK HERE IF NEW ADDRESS	<input type="text"/> DATE OF BIRTH	<input type="text"/> HEIGHT	<input type="text"/> WEIGHT
		<input type="text"/> SIGNATURE OF PARENT IF UNDER 18 YRS. OLD	
<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 injuries I may sustain and likewise assume full responsibility for all my actions in connection with said testing.

### 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

**ACTA MN Testing Fee Structure  
Effective 6/1/2018**

<b>Current Rank</b>	<b>Testing Fee</b>	<b>ACTA Fee</b>
<b>White</b>		\$35
<b>White Yellow</b>	\$75	
<b>Yellow</b>	\$75	
<b>Orange</b>	\$75	
<b>Green</b>	\$75	
<b>Green / Blue</b>	\$75	
<b>Blue</b>	\$75	
<b>Blue / Red</b>	\$95	
<b>Red</b>	\$95	
<b>Red/Brown</b>	\$150	
<b>Brown</b>	\$195	
<b>Brown/Black</b>	\$300	