

NEW JERSEY MARTIAL ARTS ALLIANCE

BLACK BELT TESTING APPLICATION

Name: _____ Current Rank: _____ Age: _____

Please complete the "Board Breaking" section, and bring your own boards to the testing.

BOARD BREAKING

<input type="checkbox"/>	Hand / Foot (L / R)	
	<i>Please circle</i>	<i>Name of technique and number of boards</i>
<input type="checkbox"/>	Hand / Foot (L / R)	
<input type="checkbox"/>	Hand / Foot (L / R)	
<input type="checkbox"/>	Hand / Foot (L / R)	
<input type="checkbox"/>	Hand / Foot (L / R)	
<input type="checkbox"/>	Hand / Foot (L / R)	
<input type="checkbox"/>	Hand / Foot (L / R)	
<input type="checkbox"/>	Hand / Foot (L / R)	

<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"/>	Pro	<input type="checkbox"/>	Decided	<input type="checkbox"/>	Senior	<input type="checkbox"/>	2nd Pro	<input type="checkbox"/>	2nd Dec
-----------------	--------------------------	-----	--------------------------	---------	--------------------------	--------	--------------------------	---------	--------------------------	---------

WEAPON FORMS

<input type="checkbox"/>	Bo Form	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target
<input type="checkbox"/>	Escrima Form	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target
<input type="checkbox"/>	Nunchaku Form	<input type="checkbox"/>	Focus	<input type="checkbox"/>	Stances	<input type="checkbox"/>	Power	<input type="checkbox"/>	Technique	<input type="checkbox"/>	Target

SECONDARY MATERIAL

<input type="checkbox"/>	Self Defense	<input type="checkbox"/>	Offensive Combo								
<input type="checkbox"/>	One Step	<input type="checkbox"/>	Curriculum Kick								
<input type="checkbox"/>	Sparring	<input type="checkbox"/>	Target	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pass / Possible NC

Judge: _____