

NEW JERSEY MARTIAL ARTS ALLIANCE

BLACK BELT TESTING APPLICATION

Name: _____ Current Rank: _____ Age: _____

Do NOT check off any boxes! Please complete the "Board Breaking" section, and bring your own boards to the testing.

BOARD BREAKING

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

Instructor Use Only:

<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
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SECONDARY FORMS	<input type="checkbox"/>	Pro	<input type="checkbox"/>	Decided	<input type="checkbox"/>	Senior	<input type="checkbox"/>	2nd Pro	<input type="checkbox"/>	2nd Dec
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Instructor Use Only:

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

Instructor Use Only:

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: _____

*In event of Possible NC, alert chief instructor ASAP!