

# NEW JERSEY MARTIAL ARTS ALLIANCE TESTING APPLICATION

Name: \_\_\_\_\_ Current Rank: \_\_\_\_\_ Age: \_\_\_\_\_

I will be attending Primary Testing YES / NO

If "NO" then please attach a \$25 post testing fee

Brown - Sr. Red belts please complete the "Board Breaking" section, and bring your own boards to the testing.

<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
<b>SECONDARY FORMS</b>					
<input type="checkbox"/> Chun Ji	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Dan Gun	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Do San	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Won Hyo	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Yul Guk	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target

<b>SECONDARY MATERIAL</b>					
<input type="checkbox"/> Self Defense / One Steps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<input type="checkbox"/> Offensive Combo	<input type="checkbox"/> Curriculum Kick				
<input type="checkbox"/> Defensive Combo	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
<input type="checkbox"/> Sparring	<input type="checkbox"/> Target	<input type="checkbox"/> Defense	<input type="checkbox"/> Control	<input type="checkbox"/> Offense	

<b>BOARD BREAKING</b>	
<input type="checkbox"/> Hand ( Left / Right ) <small>Please circle</small>	_____ <small>Name of technique and number of boards</small>
<input type="checkbox"/> Foot ( Left / Right ) <small>Please circle</small>	_____ <small>Name of technique and number of boards</small>

Judge: \_\_\_\_\_ Pass / Possible NC