

DOUBLE BLUE STRIPE

TAEKWON-DO REQUIREMENTS

5TH GUP (DOUBLE BLUE STRIPE) test for 4TH GUP (BLUE BELT)

Name: (Please print First and Last)	Signature:	Age:
I hereby request to be tested for a higher rank and agree that the examiner shall be the only persons who are qualified to place me on the basis of my technique, knowledge of the art and attitude.		Date of completion:

▶ ATTENDANCE

Attend a minimum of 32 Beginning level classes.

<input type="checkbox"/> 1: DATE _____	<input type="checkbox"/> 9: DATE _____	<input type="checkbox"/> 17: DATE _____	<input type="checkbox"/> 25: DATE _____
<input type="checkbox"/> 2: DATE _____	<input type="checkbox"/> 10: DATE _____	<input type="checkbox"/> 18: DATE _____	<input type="checkbox"/> 26: DATE _____
<input type="checkbox"/> 3: DATE _____	<input type="checkbox"/> 11: DATE _____	<input type="checkbox"/> 19: DATE _____	<input type="checkbox"/> 27: DATE _____
<input type="checkbox"/> 4: DATE _____	<input type="checkbox"/> 12: DATE _____	<input type="checkbox"/> 20: DATE _____	<input type="checkbox"/> 28: DATE _____
<input type="checkbox"/> 5: DATE _____	<input type="checkbox"/> 13: DATE _____	<input type="checkbox"/> 21: DATE _____	<input type="checkbox"/> 29: DATE _____
<input type="checkbox"/> 6: DATE _____	<input type="checkbox"/> 14: DATE _____	<input type="checkbox"/> 22: DATE _____	<input type="checkbox"/> 30: DATE _____
<input type="checkbox"/> 7: DATE _____	<input type="checkbox"/> 15: DATE _____	<input type="checkbox"/> 23: DATE _____	<input type="checkbox"/> 31: DATE _____
<input type="checkbox"/> 8: DATE _____	<input type="checkbox"/> 16: DATE _____	<input type="checkbox"/> 24: DATE _____	<input type="checkbox"/> 32: DATE _____

In addition to the above classes, the student must be able to demonstrate the following items with precision, balance and power. (Each section and attendance must be signed by an assistant instructor or instructor where appropriate.)

▶ CITIZENSHIP (Social & Academic)

On going demonstration of good discipline:
COURTESY, INTEGRITY, PERSEVERANCE, SELF-CONTROL, INDOMITABLE SPIRIT

At home, school, and public (Including grade point average)

<input type="checkbox"/> COMPLETE	Parent's Name: (If the student is under the age of 18):
_____	Parent's Signature:
DATE:	_____

In Studio

<input type="checkbox"/> COMPLETE	Examiner's Name (Print Name):
_____	Examiner's Signature:
DATE:	_____

▶ STEP SPARRING

- 2-step sparring exercise number 3
- 2-step sparring exercise number 4
- 2-step sparring exercise number 5
- 2-step sparring exercise number 6

<input type="checkbox"/> COMPLETE	Examiner's Name (Print Name):
_____	Examiner's Signature:
DATE:	_____

