

Application for Black Belt Testing Process

Name _____

Address _____

Cell Phone _____

Answer the following questions on a separate piece of paper by due date for consideration to begin training for the Black Belt Challenge.

1. How would you feel if you were to become a Black Belt?
2. Why should you be a Black Belt?
3. How has your training improved your life so far?
4. As a Black Belt, what will you contribute to the Action Karate and martial arts community?

Please include your letter of recommendation with this application.

