



New Jersey Martial Arts Alliance BLACK BELT TESTING APPLICATION

Name: _____

Current Rank: _____

Academy (circle one): Hillsborough / Montgomery

Req. Belt Size: _____

Age: _____

BOARD BREAKING Please complete the "Board Breaking" section, and bring your own boards to the testing. See instructor for details.

<input type="checkbox"/>	Hand / Foot (L / R) _____ <small>Please circle</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) _____	_____	_____

<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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<input type="checkbox"/>	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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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"/>	Defense	<input type="checkbox"/>	Control	<input type="checkbox"/>	Offense

Pass / Possible NC

Judge: _____