



DAN CERTIFICATE REQUEST FORM

Certificate for

Name: _____

For Karate Canada

ID: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Telephone: _____

Email: _____

Date of birth: _____

(mm-dd-yyyy)

Provincial Association: _____

Membership # or confirmation: _____

Registered Club or Dojo name: _____

Karate Canada Dan Certificate requested
(A Karate Canada Dan evaluation is required
for 6th Dan and above)

1st \$ 60.00

2nd \$ 75.00

3rd \$ 100.00

4th \$ 200.00

5th \$ 250.00

Requested from

Karate Style Association: _____

Authorized Representative: _____

(print)

I, (the undersigned) confirm that the applicant has achieved the Dan level requested:

Signature: _____

Date: _____

Please send your form to alexandra.roy@karatecanada.org and a Paypal invoice will be sent to the email you provided.
You can also mail your application to the address below and enclose a cheque to the order of Karate Canada. Please
allow 2 months before the reception of your certificate. Thank you!

C/O CANADIAN OLYMPIC COMMITTEE
500 WEST RENE-LEVESQUE BLVD, 2nd FLOOR, MONTREAL, QC H2Z 1W7
T 514 252:3209 F 514 252:3211