



DAN EVALUATION APPLICATION FORM

Name: _____

For Karate Canada

ID: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Telephone: _____

Email: _____

Date of birth: _____

(mm-dd-yyyy)

Provincial Association: _____

Karate Association: _____

Registered Club or Dojo name: _____

Dan level sought:	<input type="checkbox"/>	1st \$ 100.00	<input type="checkbox"/>	5th \$ 400.00
	<input type="checkbox"/>	2nd \$ 175.00	<input type="checkbox"/>	6th \$ 475.00
	<input type="checkbox"/>	3rd \$ 250.00	<input type="checkbox"/>	7th \$ 550.00
	<input type="checkbox"/>	4th \$ 325.00	<input type="checkbox"/>	8th \$ 700.00
			<input type="checkbox"/>	9th \$ 850.00

Documentation required with your application:

-Photocopy of present Karate Association Dan Certificate (if applicable)

-Photocopy of present Karate Canada Dan Certificate (if applicable)

-A brief biography/summary of your karate history

Signature: _____

Date: _____

Please send your complete application to info@karatecanada.org and a Paypal invoice will be sent to the email you provided on your form. You can also mail your application and required documentation to the address below and enclose a cheque to the order of Karate Canada. Please note that fees are non-refundable, regardless of the result of your test. 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