



WKF DAN CERTIFICATE REQUEST FORM

Certificate for

Name: _____

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 Rank _____

(A copy of your KC certificate is required)

WKF Dan Certificate requested

(Please contact Karate Canada for 6th Dan and above)

1st \$ 390.00

2nd \$ 390.00

3rd \$ 390.00

4th \$ 480.00

5th \$ 580.00

6th \$ 680.00 (Prior KC approval required)

7th \$ 780.00 (Prior KC approval required)

Signature: _____

Date: _____

Please send your form to info@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 6 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