## DOUBLE YELLOW STRIPE TAEKWON-DO REQUIREMENTS 7TH GUP (DOUBLE GREEN STRIPE) test for 6TH GUP (GREEN BELT)

Name: (Please print First and Last)		Signature:		Age:			
	ested for a higher rank and agree tha ualified to place me on the basis of n		Date of completion:	I			
ATTENDANCE Attend a minimum of 32 Beginning level classes.							
1: DATE	9: DATE	17: DATE	_ 25: DATE _				
2: DATE	10: DATE	18: DATE	_ 26: DATE _				
3: DATE	11: DATE	19: DATE	_ 27: DATE _				
4: DATE	12: DATE	20: DATE	_ 28: DATE _				
5: DATE	13: DATE	21: DATE	_ 29: DATE _				
6: DATE	14: DATE	22: DATE	_ 30: DATE _				
7: DATE	15: DATE	23: DATE	31: DATE				
8: DATE	16: DATE	24: DATE	32: DATE _				
In addition to the above classes, the student must be able to demonstrate the following items with precision, balance and power. (Each section and attendance must be signed by an assistant instructor or instructor where appropriate.)  CITIZENSHIP (Social & Academic) On going demonstration of good discipline: COURTESY, INTEGRITY, PERSEVERANCE, SELF-CONTROL, INDOMITABLE SPIRIT At home, school, and public (Including grade point average)  Parent's Name: (If the student is under the age of 18):							
COMPLETE	Parent's Signature:	COMPLETE	Examiner's Name (Print N	ame):			
DATE:		_	Examiner's Signature:				
In Studio		DATE:					
COMPLETE	Examiner's Name (Print Name):						
DATE:	Examiner's Signature:						

Combo. #5 Jab Combo. #6 Jab Combo. #7 Lea Combo. #8 High Combo. #9 Slid Combo. #10 R Combo. #11 Ju Combo. #12 Ca	ING COMBOS  / Cross / Low Side Turning Kick  / Cross / High Side Turning Kick  d low Side Piercing / High Turning Kick (Consecutive)  n lead Turning / Low Side Piercing Kick (Consecutive)  e Back Kick / Slide Side Piercing Kick (Consecutive)  ear low Turning Kick / 360, low Turning Kick  umping Back Fist  atch Block / Perry Block / Reverse Punch  ab / Cross / Hook / Upper Cut	SELF-DEFENSE (Ho Sin Sul) OBear Hug (Hands pinned & hands free, Front & Back) OHead Lock OTwin Lapel or Double Hand Choke OShoulder Roll forward (Right & Left side) OControl from a single cross grab to the wrist OControl from two handed grab to the wrists OLock Flow 1 OLock Flow 2		
COMPLETE	Examiner's Name (Print Name):	COMPLETE	Examiner's Name (Print Name):	
	Examiner's Signature:		Examiner's Signature:	
DATE:		DATE:		
•	ING ROUNDS	NOTES		
O Round 2 DA	TE: /			
O Round 3 DA	TE: //			
O Round 4 DA	TE: //			
O Round 5 DA	TE: //			
O Round 6 DA	TE: / /			
O Round 7 DA	TE: //			
O Round 8 DA	TE: /			
O Round 9 DA	TE: /			
O Round 10 DA	TE: / /			
COMPLETE	Examiner's Name (Print Name):			
	Examiner's Signature:			
DATE:				