

RMAA BLACK BELT INFORMATION SHEET

Name: _____

Date of Birth: _____ Age: _____

Gym/School: _____

Master Instructor: _____

Kukkiwon Number: _____

Date Tested:

Recertification _____

1st Dan/Poom _____

2nd Dan/Poom _____

3rd Dan/Poom _____

Date Certified (on certificate):

Recertification _____

1st Dan/Poom _____

2nd Dan/Poom _____

3rd Dan/Poom _____

Digital picture of face/head

(attach copies of certificates)

Black Belt Seminars/Camps Attended (4 per year required for High Poom/Dan Promotion)

Location

_____ Date: _____ Hours: _____

_____ Date: _____ Hours: _____

_____ Date: _____ Hours: _____

_____ Date: _____ Hours: _____

Tournaments/Scrimmages Attended (2 per year required for High Poom/Dan Promotion)

Location

_____ Date: _____ Hours: _____

_____ Date: _____ Hours: _____

ATTACH ADDITIONAL COPIES IF NEEDED