



**Sun Yi's Academy of Hays
806 Main Street
Hays, KS 67601 (785) 625-4718**

APPLICATION FOR PROMOTIONAL TESTING

TRADITIONAL TAE KWON DO

Name: _____ **Age:** _____ **Current Rank:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Instructor Name: _____ **TTA#:** _____

Enroll Date: _____ **Last Testing Date:** _____ **Birth Date:** _____

Belt Size: _____

I do hereby submit this application for the regularly scheduled promotional testing. It is agreed and understood that I will adhere to all the rules and regulations of the Traditional Tae Kwon Do Association and Sun Yi's Academy. I also understand and submit to the minimum time- tables established by Sun Yi's Academy for all promotional certifications.

Signature: _____ **Date:** _____

(Parent or guardian signature is required).

Fee \$: _____

Received By: _____