



Rocky Mountain Region - Colorado Combat Hapkido Pre-Test Form

COMPLETED BY STUDENT		
_____	_____	_____
Name	Phone Number	
_____	_____	_____
Martial Arts School	Email Address	
_____	_____	_____
Last Testing Date	# of Classes Since Last Test	Belt Size
_____	_____	_____
Current Rank	Test Date	Rank Testing For
_____	_____	_____

ICHF Membership Expiration Date		

DVD ORDER		
_____	_____	\$30.00
Initial Here if Ordering	DVD Color-Belt Required	DVD Price (includes shipping)

COMPLETED BY INSTRUCTOR	
_____	_____
Instructor's Name	Date

Student Ready To Test (signed by Instructor)	

COMPLETED BY FINANCE PERSONNEL	
_____	_____
RMSD Person's Name	Test Fee Paid (signed by RMSD)
_____	_____
\$	
Test Fee Amount Paid	Date

NOTE: Return this form to the Testing Instructor PRIOR to belt testing only after all above sections have been completed and signed.

NOTE: This completed form MUST be turned in PRIOR to belt testing in order to be able to test for your next rank. \$15.00 late fee will be charged if turned in late.