

RESUME

BLACK BELT GRADING

NAME

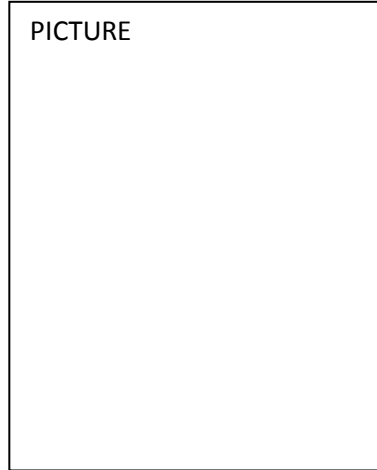
ADDRESS

.....

ZIP CODE

BIRTHDAY/...../.....

PASSPORT NUMBER



KARATE PROMOTIONS

<u>Belt</u>	<u>Date</u>	<u>Style</u>	<u>Instructor's name (and rank)</u>
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OTHER MARTIAL ARTS

<u>Belt</u>	<u>Date</u>	<u>Type</u>	<u>Style</u>	<u>Instructor's name (and rank)</u>
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OPTIONAL CLINICS

Date _____ Type _____ Instructors' names (and rank)

COMPULSORY CLINICS

Date _____ Type _____ Instructors' names (and rank)

TEACHING EXPERIENCE

Date (from –to) _____ Group level _____ Supervisor