



1820 Old Cuthbert Road Cherry Hill, New Jersey 08034 (856) 429-1388 Ext. 194

## Tots Test Application Form

Date of Test: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State)

Rank: \_\_\_\_\_  
(Color & # of Strips)

Fee: \$25.

***For Examiner use only***

Warm up/ Flexibility	Basic Techniques	Sequential Movements	Self Defense/ Sparring	Terminology
<input type="checkbox"/> Splits/ Straddles	<input type="checkbox"/> Center Punch	<input type="checkbox"/> Low block Punch	<input type="checkbox"/> Defense Posture	<input type="checkbox"/> Classroom Etiquette
<input type="checkbox"/> Butterfly Stretch	<input type="checkbox"/> Front Kick	<input type="checkbox"/> Front Kick - Round Kick	<input type="checkbox"/> Offense Posture	<input type="checkbox"/> Basic History
<input type="checkbox"/> Sky Stretch	<input type="checkbox"/> Inside/ Outside Kick	<input type="checkbox"/> Form 1 two moves	<input type="checkbox"/> Defense Strategy	<input type="checkbox"/> Basic Techniques
<input type="checkbox"/> Push Ups	<input type="checkbox"/> Step Side Kick	<input type="checkbox"/> Form 1 four moves	<input type="checkbox"/> Combinations	<input type="checkbox"/> GAC History
<input type="checkbox"/> Sit Ups	<input type="checkbox"/> Low Block	<input type="checkbox"/> Form 1 one half	<input type="checkbox"/> Lost Information	<input type="checkbox"/>
<input type="checkbox"/> Jumping Jacks	<input type="checkbox"/> High Block	<input type="checkbox"/> Form 1 Complete	<input type="checkbox"/> Stranger Rules	<input type="checkbox"/>
<input type="checkbox"/> Balance Drill	<input type="checkbox"/> Middle Block	<input type="checkbox"/>	<input type="checkbox"/> Emergency Information	<input type="checkbox"/>
<input type="checkbox"/> Coordination Drill	<input type="checkbox"/> Jump Front Kick	<input type="checkbox"/>	<input type="checkbox"/> Yong Gi	<input type="checkbox"/>

Remarks: \_\_\_\_\_