



Dan Certificate Request Form

Date: _____

Certificate for

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: (Res.) _____ (Bus./Cell) _____

Email: _____

PROVINCIAL ASSOCIATION: _____

Membership Number or Confirmation: _____

Registered Club or Dojo Name: _____

Karate Canada Dan Certificate Requested: _____

Request from

Karate Association: _____

Authorized Representative (print): _____

I, (the undersigned) confirm that the applicant has achieved the Dan level requested:

Signature: _____ Date: _____

FEES: 1st Dan \$60.00
 2nd Dan \$75.00
 3rd Dan \$100.00

A Karate Canada Dan Test is required for 4th Dan and above.

Please make your cheque payable to Karate Canada and forward with your application to:

Karate Canada Program Manager
4545 Pierre de Coubertin
Montreal, QC
H1V 0B2

eMail: alexandra.roy@karatecanada.org

Approved: _____

Date: _____

I.D.: _____ - _____ - _____