

Shotokan Karate of America

Grading Form

Date: _____

Dues Paid: _____ Dojo: _____ SKA _____

Name: _____

Favorite Kata: _____

Address: _____

Length of Training: _____
Years Months

of Special Trainings: _____

Telephone: (_____) _____

Dojo: _____

Date of Birth: _____

Rank: _____

K I H O N						
K A T A						
K U M I T E						

Final Grade: _____