



CAMARILLOSHOTOKAN@GMAIL.COM
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REQUEST FORM

Name: _____ **Age:** _____ **Rank:** _____

Preference (select one)

- Requesting to Test
- Focused Feedback (no pass/fail)
- Waiting _____

Things to consider (select all that apply).

- I have attended 75% or more.
- I practice at home regularly/ open mat on Fridays
- Outside experience: _____
e.g. tournament experience

Teachers and Parents,

At Camarillo Shotokan Karate, we expect students to demonstrate focus, discipline, and respect both inside and outside the dojo. The student above is preparing for their next belt test, and we would appreciate your evaluation in the following areas:

	Excellent	Good	Fair	NOTES
TEACHERS				
Concentration				
Tenacity				
Respect & Manners				
Academic Performance				
PARENTS				
Practice Habits				
Organization/Cleanliness				
Respect & Manners				
Attitude				

Guardian Sign _____ Date _____

Teacher Sign _____ Date _____

Applicant Sign _____ **Date** _____