Gup Test Application

**USSBD Studio Certification # SB571**

Mailing Address:

Del Martial Arts LLC

PO Box 76

Short Hills, NJ 07078

Studio Address:

Del Martial Arts LLC

340 South Ave. East

Westfield, NJ 07090

908-233-2284

Gup Test Application

This form must be completed in its entirety and returned along with the proper fee to the studio ***a minimum of 1 week BEFORE THE ACTUAL TEST DATE.***

The testing date and details can be found in the email containing your test invitation.

Incomplete forms will be returned and the student will wait for the next available test date.

**Testing Date: \_\_\_/\_\_\_/\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_**

**Male \_\_\_\_\_ Female\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gup Membership No.\_\_\_\_\_\_\_\_\_\_\_\_ Federation Membership Expiration Date: \_\_\_/\_\_\_/\_\_\_**

**You may not test without a Gup Membership Number or expired membership. If your name has a red asterisk (\*) next to it on the email invite then YOU MUST address this prior to the test date!**

**Training Start Date: \_\_\_/\_\_\_/\_\_\_ Date of Last Promotion: \_\_\_/\_\_\_/\_\_\_**

**Current Rank (Please Refer Below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 

 

 

 



**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Test Fee:**

* + - $40 CASH
    - $55 CHECK OR CREDIT CARD

(Must be received on or before the Wednesday prior to test date)

* + - $75.00 FOR FORMS RECEIVED AFTER DEADLINE!
    - No forms will be accepted the day of testing!