



**INTERNATIONAL SHURI-RYU ASSOCIATION**  
**KOBUDO APPLICATION FOR PROMOTIONAL REVIEW**



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_ I.S.A.#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

KARATE RANK: \_\_\_\_\_ TIME IN GRADE: \_\_\_\_\_ SENSEI: \_\_\_\_\_

CURRENT KOBUDO TITLE (If Any): \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

TESTING FOR: \_\_\_\_\_ Total # of Weapons worked: \_\_\_\_\_ Total # of Katas worked: \_\_\_\_\_

1-7: Weapons to be worked in review.

\* Katas to be worked with each weapon in review.

1. _____	* _____	_____	_____	_____
2. _____	* _____	_____	_____	_____
3. _____	* _____	_____	_____	_____
4. _____	* _____	_____	_____	_____
5. _____	* _____	_____	_____	_____
6. _____	* _____	_____	_____	_____
7. _____	* _____	_____	_____	_____

\_\_\_\_\_  
 Signature of Applicant

- \* Application Form Must Be Submitted to Headquarters 30 days prior to scheduled Kobodu Review Date.
- \* Kobudo Fee must be paid prior to Kobudo Review. Fees can be paid online at: [shuri-ryu.com](http://shuri-ryu.com) (Store) or
- \* Mail to: ISA Hdqs - PO Box 477 - Angola, IN - 46703 \* Phone (260) 456-7788 \*Email: [intshuri@gmail.com](mailto:intshuri@gmail.com)