

# DOUBLE RED STRIPE TAEKWON-DO REQUIREMENTS

3RD GUP (DOUBLE RED STRIPE) test for 2ND GUP (RED BELT)

Name: (Please print First and Last)	Signature:	Age:
I hereby request to be tested for a higher rank and agree that the examiner shall be the only persons who are qualified to place me on the basis of my technique, knowledge of the art and attitude.		Date of completion:

## ▶ ATTENDANCE

Attend a minimum of 64 Advanced level classes.

<input type="checkbox"/> 1: DATE _____	<input type="checkbox"/> 17: DATE _____	<input type="checkbox"/> 33: DATE _____	<input type="checkbox"/> 49: DATE _____
<input type="checkbox"/> 2: DATE _____	<input type="checkbox"/> 18: DATE _____	<input type="checkbox"/> 34: DATE _____	<input type="checkbox"/> 50: DATE _____
<input type="checkbox"/> 3: DATE _____	<input type="checkbox"/> 19: DATE _____	<input type="checkbox"/> 35: DATE _____	<input type="checkbox"/> 51: DATE _____
<input type="checkbox"/> 4: DATE _____	<input type="checkbox"/> 20: DATE _____	<input type="checkbox"/> 36: DATE _____	<input type="checkbox"/> 52: DATE _____
<input type="checkbox"/> 5: DATE _____	<input type="checkbox"/> 21: DATE _____	<input type="checkbox"/> 37: DATE _____	<input type="checkbox"/> 53: DATE _____
<input type="checkbox"/> 6: DATE _____	<input type="checkbox"/> 22: DATE _____	<input type="checkbox"/> 38: DATE _____	<input type="checkbox"/> 54: DATE _____
<input type="checkbox"/> 7: DATE _____	<input type="checkbox"/> 23: DATE _____	<input type="checkbox"/> 39: DATE _____	<input type="checkbox"/> 55: DATE _____
<input type="checkbox"/> 8: DATE _____	<input type="checkbox"/> 24: DATE _____	<input type="checkbox"/> 40: DATE _____	<input type="checkbox"/> 56: DATE _____
<input type="checkbox"/> 9: DATE _____	<input type="checkbox"/> 25: DATE _____	<input type="checkbox"/> 41: DATE _____	<input type="checkbox"/> 57: DATE _____
<input type="checkbox"/> 10: DATE _____	<input type="checkbox"/> 26: DATE _____	<input type="checkbox"/> 42: DATE _____	<input type="checkbox"/> 58: DATE _____
<input type="checkbox"/> 11: DATE _____	<input type="checkbox"/> 27: DATE _____	<input type="checkbox"/> 43: DATE _____	<input type="checkbox"/> 59: DATE _____
<input type="checkbox"/> 12: DATE _____	<input type="checkbox"/> 28: DATE _____	<input type="checkbox"/> 44: DATE _____	<input type="checkbox"/> 60: DATE _____
<input type="checkbox"/> 13: DATE _____	<input type="checkbox"/> 29: DATE _____	<input type="checkbox"/> 45: DATE _____	<input type="checkbox"/> 61: DATE _____
<input type="checkbox"/> 14: DATE _____	<input type="checkbox"/> 30: DATE _____	<input type="checkbox"/> 46: DATE _____	<input type="checkbox"/> 62: DATE _____
<input type="checkbox"/> 15: DATE _____	<input type="checkbox"/> 31: DATE _____	<input type="checkbox"/> 47: DATE _____	<input type="checkbox"/> 63: DATE _____
<input type="checkbox"/> 16: DATE _____	<input type="checkbox"/> 32: DATE _____	<input type="checkbox"/> 48: DATE _____	<input type="checkbox"/> 64: DATE _____

**In addition to the above classes, the student must be able to demonstrate the following items with precision, balance and power.** (Each section and attendance must be signed by an assistant instructor or instructor where appropriate.)

## ▶ CITIZENSHIP (Social & Academic)

On going demonstration of good discipline:  
COURTESY, INTEGRITY, PERSEVERANCE, SELF-CONTROL, INDOMITABLE SPIRIT

**At home, school, and public** (Including grade point average)

<input type="checkbox"/> <b>COMPLETE</b>	Parent's Name: (If the student is under the age of 18):
_____ DATE:	Parent's Signature:

**In Studio**

<input type="checkbox"/> <b>COMPLETE</b>	Examiner's Name (Print Name):
_____ DATE:	Examiner's Signature:

## ▶ STEP SPARRING

- **1-step sparring exercise number 1:**  
**Attacker:** Parallel Stance, step forward with right leg into a right Walking Stance left Reverse Punch.  
**Defender:** Step back left L-stance Reverse Knifehand Block.  
**Counter Attack:** Shift right foot forward into a right Walking Stance left Upward Elbow Strike step forward with left leg into a Parallel Stance right Angle Punch, right leg step backwards into a right L-stance Outer Forearm Guarding Block.
  
- **1-step sparring exercise number 2:**  
**Attacker:** Right leg back into a right L-stance, right Reverse Turning Kick.  
**Defender:** Dodge to the left into a left L-stance Guarding Block.  
**Counter Attack:** Then step into a left Walking Stance Twin Fist Upset Punch, jumping away right Flying Side Turning Kick, left leg step backwards into a left L-stance Outer Forearm Guarding Block.
  
- **1-step sparring exercise number 3:**  
**Attacker:** Parallel Stance, step forward with left leg into a left Walking Stance left High Flat Fingertip Thrust.  
**Defender:** Step back with right leg into a sitting stance W-shape Block.  
**Counter Attack:** right mid-air 180° Back Piercing Kick, right high side strike with the back fist in an L-stance, step away with right leg into a right L-stance Guarding Block.
  
- **1-step sparring exercise number 4:**  
**Attacker:** Step back right L-stance, coming forward right Low Front Snap Kick.  
**Defender:** Step back with left leg into a right Walking Stance X-fist Pressing Block.  
**Counter Attack:** In place Twin Fist Vertical Punch, slipping the front foot into a Low Stance Upset Flat Fingertip Thrust, jumping away Flying Hook Kick, step away with right leg into a right L-stance Guarding Block.

<input type="checkbox"/> <b>COMPLETE</b>  _____ DATE:	Examiner's Name (Print Name):  _____ Examiner's Signature:
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## ▶ SPARRING COMBOS

- **Combo. #23** Rear Low Turning Kick / High Reverse Turning Kick
- **Combo. #24** Rear leg step / Back Piercing Kick
- **Combo. #25** Rear leg step / Reverse Turning Kick
- **Combo. #26** Opponent: Rear leg Side Turning Kick  
Counter: Skip Side ways and Jab
- **Combo. #27** Opponent: Rear leg Side Turning Kick  
Counter: Jumping Back Fist
- **Combo. #28** Opponent: Rear leg Side Turning Kick  
Counter: Back Piercing Kick
- **Combo. #29** Opponent: Rear leg Side Turning Kick  
Counter: Reverse Turning Kick
- **Combo. #30** Opponent: Rear leg high Side Turning Kick  
Counter: Rear leg low Side Turning Kick
- **Combo. #31** Opponent: Lead leg Side Piercing Kick  
Counter: Step rear leg side ways Reverse Punch
- **Combo. #32** Opponent: Lead leg Side Piercing Kick  
Counter: Sliding forward Lead arm block  
Reverse Punch

<input type="checkbox"/> <b>COMPLETE</b>  _____ DATE:	Examiner's Name (Print Name):  _____ Examiner's Signature:
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## ▶ SELF-DEFENSE (Ho Sin Sul)

- Take-down against a forefist punch
- Take-down against Front Snap kick
- Take-down against Side Turning kick
- Take-down against Side Piercing kick
- Hip Throw
- Double Leg Sweep (Scissor Kick)
- Double Leg Take Down
- Outside & Inside Major Reap

<input type="checkbox"/> <b>COMPLETE</b>  _____ DATE:	Examiner's Name (Print Name):  _____ Examiner's Signature:
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## ▶ Assistant Demonstrator

Attend a minimum of 5 classes demonstrating to lower belts discipline and good technique.

<input type="checkbox"/> 1: DATE _____ <input type="checkbox"/> 2: DATE _____ <input type="checkbox"/> 3: DATE _____ <input type="checkbox"/> 4: DATE _____ <input type="checkbox"/> 5: DATE _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Examiner's Name (Print Name): _____</td> </tr> <tr> <td style="padding: 5px;">Examiner's Signature: _____</td> </tr> </table>	Examiner's Name (Print Name): _____	Examiner's Signature: _____
Examiner's Name (Print Name): _____			
Examiner's Signature: _____			

# ▶ SPARRING ROUNDS

○ Round 1 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 2 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 3 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 4 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 5 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 6 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 7 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 8 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 9 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 10 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 11 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 12 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 13 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 14 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 15 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 16 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 17 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 18 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 19 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Round 20 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/> <b>COMPLETE</b>  DATE: _____	Examiner's Name (Print Name): _____
	Examiner's Signature: _____