



VOVINAM VIỆT VÕ ĐẠO



HỘI ĐỒNG VÕ SƯ TƯƠNG TRỢ HẢI NGOẠI

HỘI ĐỒNG ĐIỀU HÀNH

Masters Council of Vovinam Overseas Network
Management Council

BELT EXAMINATION APPLICATION

Full name:

Date and place of birth:

Current residence address:

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Telephone:

Email:

Current belt level:

Last belt promotion date:

Living areas:

Personal pledge:

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.....

Target level of belt exam:

I respectfully request the Council of Overseas Masters' board of assessment and testing approving and allowing me to participate in the belt examination.

... to be held on.(date): at (location):

Completed at on date: month: ... year:

Signature:

