



United Kingdom ITF

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Examiner:

Date:

School:

Instructor:

Venue:

GRADING LIST

No.	Membership			Name	DOB	Present Grade	Approved Grade	Level
	Exp	Book	Fee					
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Examiner's Signature:

Group _____

Number of Certs:

Grading Fee _____

This form to be completed in duplicate and the original sent to head office

Total: _____