Red/ Brown/1st Gup Practice Schedule

Name _____ **Month** _____

Schedule your practice @ home preferably on non-karate days. Twice /week minimum of 5 minutes. You Train up to 10 sessions / month at home.
Please list two days and times that you practice at home

Red Belt

Protective Bubble of Safety	□	□	□	□	□	□	□	□	□	□
Shadow Spar 30 Seconds)	□	□	□	□	□	□	□	□	□	□
Lion	□	□	□	□	□	□	□	□	□	□
26 P. Ups/ 26 Belly Burners	□	□	□	□	□	□	□	□	□	□
Combo #7	□	□	□	□	□	□	□	□	□	□

Brown Belt

Protective Bubble of Safety	□	□	□	□	□	□	□	□	□	□
Shadow Spar (30 seconds)	□	□	□	□	□	□	□	□	□	□
Piranha	□	□	□	□	□	□	□	□	□	□
28 P. Ups/ 28 Belly Burners	□	□	□	□	□	□	□	□	□	□
Combo #8	□	□	□	□	□	□	□	□	□	□

1st Gup

Protective Bubble of Safety	□	□	□	□	□	□	□	□	□	□
Shadow Spar (30 seconds)	□	□	□	□	□	□	□	□	□	□
Piranha	□	□	□	□	□	□	□	□	□	□
Combo #9	□	□	□	□	□	□	□	□	□	□
Combo #1 - #5	□	□	□	□	□	□	□	□	□	□

1000 kicks per month will receive a Purple tip.

Fax # 516-742-8994 masterquintano@gmail.com **www.charleswaterkarate.com**

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