

Name: \_\_\_\_\_

Dates : \_\_\_\_\_



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**Soar Challenge:** \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Practiced at least twice outside of class**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Reviewed Study Sheet(s) for at least 30 minutes**

Find your study sheet at [soartsd.com/resources/belt-requirements/](http://soartsd.com/resources/belt-requirements/)

Yes / No
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What help do you need in learning Tang Soo Do?

How may I pray for you and/or your family?