

APPLICATION FOR KYU RANK

AYANA No. _____ Rank Applying for _____ Test Date _____

Name _____ Date of Birth _____

Pronunciation _____

Partner's Name _____

TRAINING/TESTING HISTORY:

Started Aikido	
Last Test Passed	

SINCE LAST TEST WAS PASSED:

Regular Classes	
Kenshu (hours)	
Demonstrations	

CLINICS (Please List Instructor and Dates):

PREVIOUS TECHNIQUES (number and technique applicable to test):

1
2

AGREEMENT

In applying to test for rank in the Aikido Yoshokai Association of North America, I agree to accept the test results without question and understand that, if I do not pass, my testing and membership fees will not be refunded.

Signature _____ Date _____