

## APPLICATION FOR PRE 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):**


**SELECTED TECHNIQUES (number and technique applicable to test):**

Buki	1	
	2	
Basic Movements	1	
	2	
Breakfalls	1	
	2	
Basic Techniques		
Kneeling / Behind		

## 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 \_\_\_\_\_