

KOKIKAI AIKIDO TEST APPLICATION

RANK REQUESTED: _____ KYU or DAN (CIRCLE ONE) TEST DATE: _____ / _____ / _____

TEST LOCATION : CAMP DOJO UNIV ATHLETIC "Y"

CANDIDATE INFORMATION

NAME: _____ DOB _____ AGE _____ SEX _____

ADDRESS: _____ PHONE _____ - _____

_____ Email: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

HISTORY:

DATE JOINED KOKIKAI: _____ REGISTRATION # _____

DOJO AFFILIATION: _____ CURRENT RANK: _____

TYPE OF CLUB: (CIRCLE ONE) DOJO UNIVERSITY ATHLETIC "Y"

WHERE WAS LAST TEST TAKEN? _____ DATE: _____

INSTRUCTOR'S NAME: _____

SIGNATURE: _____ DATE: _____

FEE DUE WITH THIS APPLICATION

AMOUNT ENCLOSED: \$ _____

(MAKE CHECKS PAYABLE TO SHUJI MARUYAMA)

ORGANIZATIONAL USE ONLY:

RECOMMENDATIONS: _____

DATE TESTED: _____ TESTOR _____

(CIRCLE ONE) PASS FAIL DEFER - RETEST DATE _____