



Somerset County Aikido



## Test Application

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

Address: \_\_\_\_\_

Today's date: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Date started: \_\_\_\_\_

Rank requested: \_\_\_\_\_

Date of last test: \_\_\_\_\_

Testing fee will be \$15 to be handed in with this application. You will be responsible for vocabulary as well as knowing the required techniques.

Congratulations and good luck,  
Peter Sensei