AIKIDO WORLD ALLIANCE ® - 2014

Kyu Test Application

hereby apply to	take the p	romotion test	t for the rank ofKYU	
check one: Adult_	Youth	Makeu	up Test?	
IAME:			TEST DATE:	
STREET ADDRESS:				
CITY/STATE/ZIP:				
PHONE (HM):		DATE OF BIRTH:		
EMAIL:				
Name of DOJO to whi	ch you belong	g: KYUSHINKA	AN DOJO	
Your present rank is _	kyı	ı, and was obtain	ned at Dojo	
on/	<u> </u>			
Applicant's signature:		DATE:		
Belt (Gi) Size:	AV	VA Membership N	Number:	
DOJO-CHO/INSTRUC SIGNATURE:			DATE:	
Please provide us with your test requirements		AWA seminar, su	ummer camp or instructor seminar you attended if it is part o	
Seminar Date:			Instructor Seminar Date:	
SPACE BELOW THIS		FFICE USE ONI	LY	
	Amount	Date	Test result: PASS FAIL	
Dojo fee paid				
			☐ PROBATION	
Test fee paid			Certificate issued: Kyu	
TOTAL		Received by:	Date made:/ Initials:	
cash/ ck/ chg				
check number			Examiner's signature:	
			Date:/	