



# SOSEI AIKIDO KYOKAI

www.aikidokyokai.com

I hereby apply to take the promotion test for: \_\_\_\_\_ DAN / KYU

EXAM DATE: \_\_\_\_\_ ADULT \_\_\_\_ CHILD \_\_\_\_

FULL NAME: (print) \_\_\_\_\_

E-MAIL: (print) \_\_\_\_\_

LAST TEST DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Name of Dojo: \_\_\_\_\_

DOJO-CHO SIGNATURE: \_\_\_\_\_

---

---

## SPACE BELOW THIS LINE FOR DOJO OFFICE USE ONLY

	Amount	Date
Dojo fee paid		
Test fee paid		
TOTAL		Received
cash/ ck/ chg		
check number		

**Test result:**  PASS

PROBATION

FAIL

Certificate issued Date: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Test Committee: \_\_\_\_\_