

AIKIDO ASSOCIATION OF AMERICA

Kyu Test Application

PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM

I hereby apply to take the promotion test for the rank of _____ KYU (Adult)

NAME: _____ TEST DATE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (HM): _____ E-MAIL: _____

DATE OF BIRTH: _____

Name of DOJO to which you belong: _____

Your present rank is _____ kyu, and was obtained at _____

dojo on ____ / ____ / ____.

Applicant's signature: _____

Today's date: _____

DOJO-CHO/INSTRUCTOR

SIGNATURE: _____ DATE: _____

Please provide us with the date of AAA seminar, summer camp or instructor's seminar you attended if it is part of your test requirements.

AAA Seminar Date: _____ AAA Summer Camp Date: _____

AAA Instructor's Seminar Date: _____

SPACE BELOW THIS LINE FOR OFFICE USE ONLY

	Amount	Date
Dojo fee paid		
AAA dues paid		
Test fee paid		
TOTAL		Received by:
cash/ ck/ chg		
check number		

Dues and test fees payable to AAA

Test result: PASS FAIL

PROBATION

Certificate issued: _____ Kyu

Date made: ____ / ____ / ____ . Initials: _____

Examiner's signature: _____ Date: ____ / ____ / ____.

Officer's signature: _____ Date: ____ / ____ / ____.