



Chushinkan Dojo

Aikido For Kids Test Application

I hereby apply to take the promotion test for the rank of _____ Kyu.

Name _____ Date of test _____

Present rank _____ Kyu, obtained on (date) _____

Applicant's signature _____

Office use only:

Registered through:

City of Buena Park City of Cypress City of La Palma

Test fees paid \$20 cash or check payable to Chushinkan Dojo

Pass Fail

Retest pass date _____

Date certificate issued _____ Certificate no. _____

Examiner's signature _____

Date _____