



# Chushinkan Dojo

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## Aikido For Kids Test Application

Applicant's printed name \_\_\_\_\_

Present rank \_\_\_\_\_ Kyu, obtained on (date) \_\_\_\_\_

Application for the rank of \_\_\_\_\_ Kyu      Date of test \_\_\_\_\_

Parent'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 \_\_\_\_\_