



Aikido Shinryukan - NEW ZEALAND AIKIKAI HEADQUARTERS

P.O. Box 13-3013 Eastridge, Auckland 1146DJ, New Zealand. Phone: 021 779 179 Fax: 09 575 1634

Website: www.AikidoNewZealand.com Email: info@AikidoNewZealand.com

Application for Kyu Grading Examination

Please PRINT clearly

Family Name(s):			Given Name(s):		
Date of Birth: day / month / year	<input type="checkbox"/> M <input type="checkbox"/> F	Nationality:		
Address:					
Occupation:			Dojo Location:		
Applying for: Grade:.....Kyu			Current Grade:Kyu Grade		
Where did you obtain your current grade?			When did you obtain your current grade? day / month / year	
Date of upcoming examination: day / month / year		Today's date: day / month / year	
I hereby make my application (applicant's signature)			I hereby recommend examination (instructor's signature)		
<small>Office use only:</small>					
Grade given:	Kyu Grade		Examiner's signature		



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