



Aikido Shinryukan - New Zealand Aikikai Headquarters

P.O. Box 11-241 Ellerslie, Auckland
Phone: (09) 379 3777 Fax: (09) 358 3383
Email: 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 exam 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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