DAN RECOMMENDATION FORM

To: SHINICHI TOHEI SENSEI Date (M/D/Y)

CHIEF INSTRUCTOR AND PRESIDENT

OF KI SOCIETY H.Q.

**I would like to recommend that be considered for Dan of ShinShin Toitsu Aikido.**

Chief Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print or type)

Affiliation Ki Society / Ki Federation

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Signature

**PERSON RECOMMENDED**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print or type)

Date of Birth (month/day/year)

Present Rank of Shinshin Toitsu Aikido and Shinshin Toitsudo, Date of Present Rank obtained.

Aikido dan Date of acquisition (M/D/Y)

Toitsudo den Date of acquisition (M/D/Y)

Address:

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Affiliation: Ki Society / Ki Federation

(M/D/Y)

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Signature