

Beikoku Shido-kan Kyu Test Certificate Request Form

Please type information using form below.

Please submit this form along with your check. This is preferred over emailed lists due to duplication of certificates. Mail to:

Original Okinawa Karate

PMB #285

503 Mall Court

Lansing, MI 48912

Dojo Name:	
Dojo's Head Sensei:	
Phone Number:	
Email:	
Date Submitted:	

☐ **I will pick up the certificates at the Hombu dojo**

☐ **Please mail certificates to:**

(replace following text with your mailing info.)

Name

Street Address

City, State, ZIP/Postal Code

Country

Please keep type style/size at Time Roman 14 pt. Thank-you!

	Student Name: (Middle initial is optional)	Kyu Tested For:	Youth or Adult Certificate:	Date of Test: (Optional) <small>Write "no date" if you prefer the certificate date left blank</small>
	Example: Jane R. Smith	7	Youth	January 1, 2006
1				
2				
3				
4				
5				

	Student Name: (Middle initial is optional)	Kyu Tested For:	Youth or Adult Certificate:	Date of Test: (Optional) <small>Write "no date" if you prefer the certificate date left blank</small>
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				

	Student Name: (Middle initial is optional)	Kyu Tested For:	Youth or Adult Certificate:	Date of Test: (Optional) <small>Write "no date" if you prefer the certificate date left blank</small>
28				
29				
30				