

Okinawa Shorin-Ryu Karatedo Test Application for Dan Ranking

沖縄小林流空手道段級審査申込書

氏名	Full Name:	
生年月日	Birth Date:	
現在段級	Current Rank:	
審査申込段級	Testing For:	
道場名	Home Dojo:	
自宅住所	Home Address:	
郵便番号	City, State, Zip:	
国籍	Country:	
自宅電話番号	Home Phone:	
職業	Occupation:	
会社名	Business Name:	
武道歴	Martial Arts Training:	
学歴	Academic History:	
職歴	Job History:	
その他	Other:	

Based on the information given above as accurate and complete, and in accordance with the policies and practices of Okinawa Shorin Ryu Shido-kan Karatedo, I the understated do hereby take full responsibility for approving this applicant's request for the rank noted above.

氏名	Signature:	(Seikichi Iha, Hanshi)
氏名	Signature:	(Student Testing)
氏名	Signature:	(Student's Teacher)
日付	Test Date:	
道場名	Dojo:	