**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)  Write “no date” if you prefer the certificate date left blank |
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|  | Example: Jane R. Smith | 7 | Youth | January 1, 2006 |
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