



# Aikido World Alliance

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## Kyu Test Application

Adult

Youth

Makeup Test

Name:

Test Date:

Address:

City:

State:

Postal Code:

Country:

Phone Number:

E-mail Address:

Date of Birth (DD/MM/YYYY):

Current Dojo:

Days completed since last test

Present rank is

kyu and was obtained at

dojo on

Applying for

kyu

AWA Member Number:

Belt Size:

Date(s) of seminar/camp/  
nintei kosu attendance:

Applicant's Signature:

Date:

Instructor's Signature:

Date:

Date Received:

Amount:

By Whom:

Dojo Fee Paid:

Test Result:

Pass

Fail

Probation

Test Fee Paid:

Certificate Issued:

Total:

Cash

Check

Charge

Check #:

Examiner's Signature:

Date: