



**Chudokai Aikido Federation**

Membership#: \_\_\_\_\_

**Application to Test**

**Testing Rank: Kyu/Dan:**

**Today's Date:**

**Full Name:**

**Uke's Name:** \_\_\_\_\_

**Address:**

(Area Code)

(Phone #)

(City)

(Province/State)

(Country)

(Postal/Zip Code)

(Birthdate)

**Classes Since Last Test:**

**Date Last Test:**

**Home Dojo: Anshinkan Dojo**

**Test Fee:**

**Instructors' Name: Marcus Schoon**

**Registration of Rank**

**Student's Name:**

**Registration #:**

**Rank**

**Date Awarded**

9<sup>th</sup>

8<sup>th</sup>

7<sup>th</sup>

6<sup>th</sup>

5<sup>th</sup>

4<sup>th</sup>

3<sup>rd</sup>

\_\_\_\_\_

2<sup>nd</sup>

\_\_\_\_\_

1<sup>st</sup>

\_\_\_\_\_

Shodan

\_\_\_\_\_

Nidan

\_\_\_\_\_

Sandan

\_\_\_\_\_

Yondan

\_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_