



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 and John Parks

Registration of Rank

Student's Name:

Registration #:

Rank

Date Awarded

Instructor's Signature: _____

9th

8th

7th

6th

5th

4th

3rd

2nd

1st

Shodan

Nidan

Sandan

Yondan
