TWIN CITIES AIKIDO CENTER

Youth Aikido Test Application

Read and complete. Stop at the first line of stars: *****. Complete any item with a .

I respectfully submit the following information and apply to the Chief Instructor to test for advancement in Aikido. I know the techniques and I am current in my dues payments. I have enough hours to meet test requirements. My test fee is submitted with this application.

go to the next

Signature of Student	t	<u> </u>	V Date		
Applying for Kyu ra to test at <u>Twin Cities</u>					level, then B and A. After you pass the A test you go to the nex level
Student Information	n: PLI		Print your name on a promotion	e, as you want it t certificate.)	o appear
Name: ▼ First		Middle	Las	t	
Date of Birth: * * * * * * * * * * * * * * * * * * *					* * * *
Beginning Date of TCAC Membership:			(Month/Day	y/Year)	
Hours since last prom	notion:				
Present Rank:					
Date of testing for pro	esent rank:		(Month/Yes	ar)	
Test Fee Amount: \$_	Date Paid:		Fee Received by:		
Kyu/\$: Practice Days required:		9 th /\$8 (30 days)		7 th /\$12	
Instructor Signature ************************************			Date	ماه ماه ماه ماه ماه ماه ماه ماه	* * * * * *
Test Results:					* * * * *
Promoted to:KyuApproving Instructor Signature Date:					
Entered to Student Re	ecord by:				