

THE UNITED STATES AIKIDO FEDERATION



Application for KYU Promotion

Please Type or Print

Name _____
Name as you would like your certificate to read

Street _____

City _____ State _____ Zip _____

Phone _____ Birthdate _____ Gender: M F Date Started Aikido _____
Mo / Day / Year Mo / Year

Dojo Twin Cities Aikido Center Instructor Cal Blanchard

Current Rank:	<input type="checkbox"/> 6th <input type="checkbox"/> 5th <input type="checkbox"/> 4th <input type="checkbox"/> 3rd <input type="checkbox"/> 2nd <input type="checkbox"/> 1st	Date _____ 	Awarded By Location
	Applying For:	<input type="checkbox"/> 6th <input type="checkbox"/> 5th <input type="checkbox"/> 4th <input type="checkbox"/> 3rd <input type="checkbox"/> 2nd <input type="checkbox"/> 1st	Date _____ Number of Days since Last Test
	Pretested with:	Pretester _____	Date _____ USAF Number

Applicant's Signature

 Date

Instructor's Signature

 Date

Administrative			
Purpose: <input type="checkbox"/> Kyu Test entry	Kyu Rank Fee <input type="checkbox"/> 6th (\$45**) <input type="checkbox"/> 5th (\$55) <input type="checkbox"/> 4th (\$55) <input type="checkbox"/> 3rd (\$55) <input type="checkbox"/> 2nd (\$55) <input type="checkbox"/> 1st (\$55)	USAF Number <small>(this is printed after their name on the attendance sheet)</small>	

Amount Paid	Date	Receipt Number/Check	**Note: if already a USAF member, no charge for 6th Kyu test

Office Use only Entered _____ By _____