

**AIKIDO SCHOOLS OF UESHIBA
APPLICATION FOR TESTING AND KYU PROMOTION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

e-mail1: _____ e-mail2: _____

Sex: M F (Check one:)

SSN: _____ Date of Birth: _____

Other Martial Arts Studies-Rank: _____

Occupation: _____

Educational Background: _____

(Check one:)

Present
Kyu Rank: None: 6th 5th 4th 3rd 2nd

(Check one:)

Kyu Rank
Applied for: 6th 5th 4th 3rd 2nd 1st

(Check one:)

Testing night/day: Mon Tues Thur Sat

(Check one:)

Grade Only: Kyu Rank and Certificate:

If a new color belt will be needed, check size: (Ask a senior student or sempai for help if needed)

Belt sizes: 1 2 3 4 5 6

Tested by: _____ on _____