



REGISTRATION FORM FOR DAN GRADING EXAMINATION

Examination Aikikai
 Recommendation Mutokukai

Rank applied for DAN Place
Date By

Present rank DAN KYU Place
Date By

Aikido beginning's year

Aikikai membership n° Date of Aikikai registration

Yudansha Card n°

Last name

First name Patronymic name

Address

ZIP City Country ISO

Birthdate* Gender M F Nationality ISO

TEL. mail

Dojo's name

Instructor's name

National Organization

Date Registration Candidate's signature

*date = DD/MM/YYYY