



AIKIDO CORK OPEN CENTRE

KYU TEST APPLICATION FORM

Name:

Address:

City:	County:	Country:
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Phone:	Email:	
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AIKIDO RANKING and TRAINING INFORMATION

Current Rank:	
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Requested Rank:	
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Hours attained since last examination:	
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Months attained since last examination:	
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Proposed Uke:	
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OFFICE USE

Dues:	
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Exam Fee:	
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Signature:	Date:
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