



SOSEI AIKIDO KYOKAI

A Center for the Martial Arts
11425 S. Harlem Ave., Worth, Illinois 60482
(708) 827-5559 / fax (708) 428-4581

I hereby apply to take the promotion test for _____ KYU

NAME: _____ TEST DATE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (HM): _____ E-MAIL: _____

DATE OF BIRTH: _____ MEMBERSHIP NUMBER: _____

Parent / Applicant's signature: _____

Belt Size: _____ Today's date: _____

Name of Dojo: _____

DOJO-CHO SIGNATURE: _____ DATE: _____

SPACE BELOW THIS LINE FOR OFFICE USE ONLY

	Amount	Date
Dojo fee paid		
Test fee paid		
TOTAL		Received
cash/ ck/ chg		
check number		

make all checks payable to:
Martial Arts Inc of Oak Lawn

Test result: PASS FAIL
 PROBATION

Certificate issued Date: _____

Examiner's signature: _____ Date: _____

Test Committee: _____

