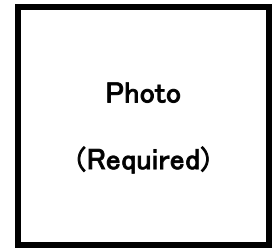




Dan Recommendation

AYF - Aikido Yoshinkai Foundation

~To be completed by recommending instructor. All fields must be completed.



*Please print neatly

Applicant's name	<i>First name</i> ttte	<i>Family name</i> tttt
Name in カタカナ・ひらがな・漢字 (if known) t t t		
Home address	Mailing address (if different from home address)	
Tel tttt	Tel	
Email address ttt	Nationality	
Date of birth (YY/MM/DD)	Sex M / F	Dojo
Recommended dan level		

Yoshinkan Aikido History

Level	Date (YY/MM/DD)	Examining Instructor	Level	Date (YY/MM/DD)	Examining Instructor
Started			1st kyu		
8th kyu			1st dan		
7th kyu			2nd dan		
6th kyu			3rd dan		
5th kyu			*4th dan		
4th kyu			*5th dan		
3rd kyu			*6th dan		
2nd kyu			*7th dan		

RECOMMENDATION

I, _____ (_____ dan), recommend the above,
(recommending instructor)

_____, be awarded the level of _____ dan.
(applicant's name)

Examination date:	Year	Month	Day
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If special consideration was given, please explain the reasons for your recommendation with an accompanying letter.

Recommending instructor's signature: _____

Date: _____

Dojo: _____