

AIKIDO FEDERATION OF SOUTH AFRICA

APPLICATION FOR NATIONAL KYU EXAMINATION



- | | |
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| <ul style="list-style-type: none"> Please type or print CLEARLY Fill in ALL relevant blanks and sign where indicated Show MEMBERSHIP CARD when applying MINIMUM REQUIREMENTS must be fulfilled Post to AFSA SECRETARY, P.O. Box 1182, Heidelberg 1438 or Fax to (011) 744 3568 - mark it FOR ATTENTION: C HUMAN | <p>FEES: 6th kyu @ R100,00
 5th kyu @ R100,00
 4th kyu @ R100,00
 3rd kyu @ R200,00
 2nd kyu @ R200,00
 1st kyu @ R200,00</p> |
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CURRENT PARTICULARS

SURNAME: AGE: AFSA No:

FULL NAMES: BIRTH:/...../19.....

DATE STARTING AIKIDO: GENDER:

PRESENT DOJO: & GRADE: KYU

DATE AWARDED: CERT. No:

GRADED BY: & RANK:

PRESENT INSTRUCTOR: & RANK:

APPLICANT'S
SIGNATURE: DATE:

OFFICIAL USE

INSTRUCTOR'S ENDORSEMENT:

I, the undersigned, declare that the above student attended **HOURS** and **MONTHS** of training since this student's last successful grading and I consider this student to be well prepared for this examination. I further declare that the above student is a paid-up member of AFSA.

INSTRUCTOR'S NAME: (.....)rank

INSTRUCTOR'S SIGNATURE: **DATE:**

EXAMINER'S NAME: (.....)rank

GRADE AWARDED: **KYU BY** *EXAMINATION / RECOMMENDATION

*Strike through which is not applicable

EXAMINER'S SIGNATURE: **DATE:**

SIGNED AT: **CERT. No:**

AFSA FEE PAID **EXAM FEE RECEIVED: @ R** **DEALT:**