



TEST APPLICATION

A I K I D O C E N T E R S O F N E W J E R S E Y

Deadline for submission: 1 week prior to test date.

TO BE COMPLETED BY TEST APPLICANT - PLEASE PRINT CLEARLY

I hereby apply for consideration in testing for the rank of _____

Name _____ Birth Date ____ / ____ / ____

Address _____ Apt. # _____

City/Town _____ State ____ Zip _____

Best Phone # _____ Home Phone # _____

Work Phone # _____ Occupation _____

e-mail address _____

I began practicing Aikido ____ / ____^{month / year} at _____ Dojo

Your Primary ACNJ Dojo: ____ ACNJ- _____

Your current rank _____ Date of last promotion _____

Class Requirements: I have met the requirements having attended _____ classes

Seminar Requirements: I have met the requirements having attended the following seminars -

Special consideration (knees, hearing, etc.): _____

Your signature (Testing Applicant)

Test Committee Member approval signature

TO BE COMPLETED BY FORMAL TEST COMMITTEE CHAIRMAN ONLY:

Test Date _____ ACNJ Test fee (\$50): __paid ca ch cr Yukyusha Book__

Evaluation/s attached __Yes __No

Comments: _____

G. O'Connor, Chief Instructor

Pass

Continued practice