



Instructor Recommendation

AYF - Aikido Yoshinkai Foundation

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

Photo
(Required)

*Please print neatly

<i>First name</i>		<i>Family name</i>			
Name in Japanese characters (if known)					
Home address			Mailing address (if different from home address)		
Tel			Tel		
Email address				Nationality	
Date of birth (YY/MM/DD)		Sex M/F	Dojo		
Do you currently have an instructor's license?		(Please circle)		Yes/No	
If you do, what kyu/dan can you grade to?		Can grade to		Kyu/Dan	

Yoshinkan Aikido History

Dan history			Instructor's license history		
Level	Date of issue (YY/MM/DD)	Examining Instructor	Registered instructor level	Date of issue (YY/MM/DD)	Examining instructor
Started					
1 st kyu					
1 st dan			Grade to 4 th kyu		
2 nd dan			Grade to 1 st kyu		
3 rd dan			Grade to 1 st dan		
4 th dan			Grade to 2 nd dan		
5 th dan			Grade to 3 rd dan		
6 th dan			Grade to 4 th dan		
7 th dan			Grade to 5 th dan		
8 th dan			Grade to 6 th dan		

Applicant's declaration

The aim of the AYF is to promote the international growth of Yoshinkan Aikido.

I, _____, agree to abide by AYF rules and regulations.
(applicant's name)

Signature

Date

Instructor's Recommendation

I, _____ (_____ dan), recommend the above,
_____, grading responsibility

Recommending instructor's signature

Date

Dojo