



# Stay Program Application

AYF Aikido Yoshinkai Foundation

~ To be completed by recommending instructor and applicant~

~All fields must be completed~

Photo

(must have)

Please print in block letters

Applicants Name		Given Names	Family Name	Office use only
Katakana (Leave blank if unknown)				
Address				
		Tel	Fax	
Email Address				
Dojo		Instructor		
Rank		Nationality		
Passport Number		Expiry Date		
Date of Birth		Sex M / F		
Stay Arrival				
Stay Departure				
Flight Details				
Medical Problems				
Injuries				
Goals				

## Declaration

I, \_\_\_\_\_ agree to abide by Honbu Dojo rules and regulations and to obey the laws of Japan.

**Applicant's Signature:**

**Application Date:**    **Year**            **Month**            **Day**

**Recommending Instructor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dojo:** \_\_\_\_\_