



# Dojo Application

AYF - Aikido Yoshinkai Foundation

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

Photo  
(Required)

\*Please Print Neatly

Applicant's name	First name	Family name
Name in カタカナ・ひらがな・漢字 (if known)		
Home address	Tel	
Email address		
Date of birth (YY/MM/DD)	Sex	M / F
Current dan Level	Current dojo	
Do you currently have an instructor's license?	(Please circle) <b>Yes / No</b>	If so, what kyu/dan can you grade to? Can grade to <b>Kyu / Dan</b>

## New dojo information

\*Please print neatly

Proposed dojo name (required)		
Proposed dojo name in カタカナ・ひらがな・漢字 (if known)		
Dojo address	Tel	
Dojo email address		
Dojo website (if available)		
Where should we ship your certificates to?	(Please circle) <b>Dojo Address / Home Address</b>	

Unless previously stated, please give us your Aikido history, the names of your teachers and your reasons for wishing to open your own dojo:

### Applicant's declaration

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

I, \_\_\_\_\_, wish to register the above dojo with the AYF  
(applicant's name)

and agree to abide by AYF rules and regulations.

*Signature*

*Date*