



Instructor Recommendation

AYF - Aikido Yoshinkai Foundation

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

Photo
(Required)

*Please print neatly

First name		Family name	
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 so, what kyu/dan can you grade to?	Can grade to	Kyu/Dan	

Yoshinkan Aikido History

Dan history			Instructor's license history		
Level	Date (YY/MM/DD)	Examining Instructor	Registered instructor level	Date (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 to _____

Recommending instructor's signature

Date

Dojo