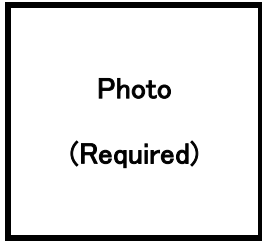




Dan Recommendation

AYF - Aikido Yoshinkai Foundation

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



*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	Mailing address (if different from home address)	
Tel	Tel	
Email address		Nationality
Date of birth (YY/MM/DD)	Sex M / F	Dojo
Recommended dan level		

Yoshinkan Aikido History

*Level	**Date of issue (YY/MM/DD)	Examining Instructor	*Level	**Date of issue (YY/MM/DD)	Examining Instructor
Started			1st kyu		
8th kyu			1st dan		
7th kyu			2nd dan		
6th kyu			3rd dan		
5th kyu			4th dan		
4th kyu			5th dan		
3rd kyu			6th dan		
2nd kyu			7th dan		

*The field for applied level should be left blank. **Indicated on the back of the certificate.

RECOMMENDATION	
I, _____ (recommending instructor)	(_____ dan) , recommend the above,
_____ (applicant's name)	, be awarded the level of _____ dan.

Examination date:	Year	Month	Day
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If special consideration was given, please explain the reasons for your recommendation with an accompanying letter.

Recommending instructor's signature: _____ Dojo name: _____

Date: _____