



ALL JAPAN GOJURYU KARATEDO SEIWAKAI
APPLICATION FORM FOR TESTING

To Seiwakai president Mr. Seiichi Fujiwara

Held at _____ (Day - Month - Year)

NAME (名前)		
MEMBERSHIP NO. (会員番号)		PHOTO (Passport size)
COUNTRY		
DATE OF BIRTH (生年月日)	____/____/____ (dd/mm/yyyy) (____) years old (才)	
Address(住所) Tel&Fax (電話番号・ファクス)		
DATE OF STARTING KARATE	____/____/____ (dd/mm/yyyy)	
PRESENT GRADE (現段級) Date: ____/____/____ (dd/mm/yyyy)	ATTEMPTED GRADE (受審段位)	

FOR OFFICIAL USE

RESULT (決定段位)	DAN (段)	CERTIFICATE NO. (免状番号)
CERTIFIED THE ABOVE 上記の通り認定した。		DATE: / /
BY CHIEF EXAMINER (審査委員長)	BY CHIEF OF TESTING COMMITTEE (段位委員会委員長)	
NAME (名前) _____	NAME (名前) _____	
SIGNATURE(署名) _____	SIGNATURE(署名) _____	