

JKFG Application form for Testing

____.____.____
Day Month Year

To Mr.Ujita Eizo JKF Gojukai president

PRESENT GRADE

NAME OF BRANCH		NAME OF KAI or DOJO		ATTEMPTED GRADE	
MEMBERSHIP NO.					
NAME					
DATE OF BIRTH / / _____ years old					
Address					
Tel&Fax					
DATE OF STARTING KARATE					
	DATE OF ISSUE	CERTIFICATE No.			
1 DAN	/ /				
2 DAN	/ /				
3 DAN	/ /				
4 DAN	/ /				
CERTIFIED THE ABOVE BY (上記保証人) HEAD OF YOUR KAI OR KAN IN JAPAN SIGNATURE _____ 印					
RESULT	DAN	CERTIFICATE No.			
CERTIFIED THE ABOVE		DATE: / /			
JKF GOJUKAI BY CHIEF EXAMINER		CHIEF OF TESTING COMMITTEE			
NAME		NAME			