



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) Yes / No	If so, what kyu/dan can you grade to? Can grade to Kyu / Dan

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) Dojo Address / Home Address	

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