



Aiki Budo Centre



Test Application

Testing for Rank / Kyu / Dan: _____ Test Date: _____ / _____ / _____
M D Y

Full Name: _____
First Surname

Address: _____

_____ Phone: _____
City Postal Code

Your Uke's Name: _____

Number of Classes Since Last Test: _____

Date of Last Test: _____

Clinics Attended Since Last Test: _____

Number of Time Mats Laid Out Since Last Test: _____

Have you paid your 3 months dues and test fee? Y N

Signature: _____

Test Fee: _____

Kyu	Belt	Minimum Time	Maximum Classes
9 th	Yellow Stripe	5 weeks	6
8 th	Yellow	5 weeks	10
7 th	Orange Stripe	6 weeks	15
6 th	Orange	8 weeks	20
5 th	Green Stripe	10 weeks	25
4 th	Green	12 weeks	30
3 rd	Brown 2 stripes	15 weeks	45
2 nd	Brown 1 stripe	15 weeks	50
1 st	Brown	25 weeks	60