

Aikikai Ireland Grading Application Form



To be filled by Aikikai Ireland grading candidate

First Name	Surname	AI No.	Dojo
Address			Date of Birth
Current Grade	Date last Grade achieved		Last Grade Examiner(s)
Grade applied for	Grading Test Date	Grading Test Location	Hours trained since last grade
Candidates Signature		Instructors Signature	

To be filled by Aikikai Ireland Technical Committee

	Date	Technical Committee Members
Pass <input type="radio"/>		
Fail <input type="radio"/>		