

# Portsmouth Aikido Kyu Test Application Form

Name \_\_\_\_\_

Test date \_\_\_\_\_

Rank you're applying for \_\_\_\_\_

Date of most recent test \_\_\_\_\_

Number of practice days since most recent test \_\_\_\_\_

<i>For office use only</i>	<b>Result</b>	<b>Test Fee</b>
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Paid (\$50)

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