

Okinawa Shorin-Ryu Karatedo Test Application for Dan Ranking

沖縄小林流空手道段級審査申込書

氏名	Full Name:	_____
生年月日	Birth Date:	_____
現在段級	Current Rank:	_____
審査申込段級	Testing For:	_____
道場名	Home Dojo:	_____
自宅住所	Home Address:	_____
郵便番号	City, State, Zip:	_____
国籍	Country:	_____
自宅電話番号	Home Phone:	_____
職業	Occupation:	_____
会社名	Business Name:	_____
武道歴	Martial Arts Training:	_____
学歴	Academic History:	_____
職歴	Job History:	_____
その他	Other:	_____

Based on the information given above as accurate and complete, and in accordance with the policies and practices of Okinawa Shorin Ryu Shido-kan Karatedo, I the understated do hereby take full responsibility for approving this applicant's request for the rank noted above.

氏名	Signature:	_____ (Seikichi Iha, Hanshi)
氏名	Signature:	_____ (Student Testing)
氏名	Signature:	_____ (Student's Teacher)
日付	Test Date:	_____
道場名	Dojo:	_____