



Dojo Application

AYF Aikido Yoshinkai Foundation

~To be completed Chief Instructor, all fields must be completed~

Photo (Must have)

Please Print in Block Letters

Applicant's Name	Given Names		Family Name		Office use only
Katakana <small>(Leave blank if unknown)</small>					
Home Address					
	Tel		Fax		
Email Address					
Date of Birth (y/m/d)	/	/	Sex M / F	Parent Dojo	
Registered Dan Level					
Grading Responsibility					

Dojo

Proposed Dojo Name					Office use only
Kanji or Katakana <small>(Leave blank if unknown)</small>					
Dojo address					
	Tel		Fax		
Email Address					
Dojo Opened (y/m/d)	/	/	Mat Area	Full / Part Time	
Number of Instructors		Dan Students		Kyu Students	
Preferred Postal Address <small>(circle one)</small>	1. Dojo		2. Home address		

***The aim of the AYF is to promote the international growth of Yoshinkan Aikido.
I, _____, wish to register the above dojo with the AYF and agree to abide by
AYF rules and regulations.***

Signature _____ Date _____