

KIYOIKAZE IAIDO RENMEI

3724 ave du Parc, Montreal, Quebec, Canada, H2X 2J1 514-845-2729

APPLICATION FOR DAN PROMOTION

Please print

DATE OF TEST: _____

Mo/Day/Year

NAME _____

Last

First

Initial

ADDRESS _____

Street Address

City

State

Zip

Country

EMAIL ADDRESS (Please write clearly) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX M _ F _

Mo/Day/Year

OCCUPATION _____ CITIZEN OF _____

I began practicing Iaido _____ and presently hold the grade of _____

Mo/Year

awarded to me _____ by _____

Mo/Year

Examiner's Name

at an examination held at _____ . I have practiced _____ since that grading.

Location

Days/Hours

Dojo _____ I hereby apply for the grading of _____ DAN

Instructor _____

I hereby commend this application to the consideration of the Examination Committee

Instructor's Signature

Applicant's Signature

TO BE COMPLETED BY APPLICANTS FOR NIDAN AND ABOVE

LIST PLACES AND DATES OF SEMINARS SINCE LAST EXAM

FOR KIYOIKAZE OFFICIAL USE

Promotion by Examination or Recommendation Disposition: Pass Fail

By _____ On _____ At _____

Examiner's Signature

Mo/Day/Year

Location of Examination

Approved by _____ Date _____

KAZE NO KAI Examination Committee