

SIAF Instructor Recommendation

Shioda International Aikido Federation

Photo

~To be completed by Recommending Instructor, all fields must be completed~

Please Print in Block Letters

Applicant's Name	<i>First Name</i>		<i>Family Name</i>		
Katakana <i>(Leave blank if unknown)</i>					
Home Address					
	Postal Code		Country		
Tel			Fax		
Email address					
Date of birth (y/m/d)	/ /	Sex: M / F	Dojo		
Number of Years Teaching					
Recommended Instructor Level	Level		Registered Dan Level	Dan	

Aikido History					
Level	Date (Y/M/D)	Examining Instructor	Registered Instructor level	Date (Y/M/D)	Examining Instructor
Started			***	***	***
1 st kyu			***	***	***
1 st dan			level 1 (Grade to 4 th kyu)		
2 nd dan			level 2 (Grade to 1st kyu)		
3 rd dan			level 3 (Grade to 1st dan)		
4 th dan			level 4 (Grade to 2nd dan)		
5 th dan			level 5 (Grade to 3rd dan)		
6 th dan			level 6 (Grade to 4th dan)		

<h3>Applicant's Declaration</h3> <p>The aim of the SIAF is to promote the international growth of aikido. I, _____, agree to abide by SIAF rules and regulations.</p> <p style="text-align: center;"><i>Signature</i> _____ <i>Date</i> _____</p>		
<h3>Instructor's Recommendation</h3> <p>I, _____ (____ dan), recommend the above, _____, grading responsibility to _____</p> <p>Recommending Instructor's Signature Date Dojo</p> <p>_____</p>		