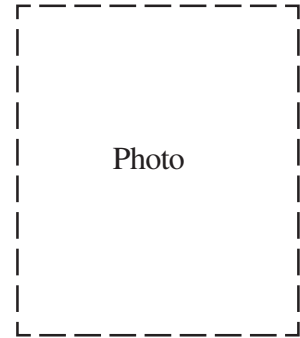


**INTERNATIONAL KARATE RENGO
CHIDOKAI KARATE-DO INTERNATIONAL
(IKR-CKI)**

DAN REGISTRATION FORM



National organization: _____

Full name: _____

Date and place of birth: _____ Sex: _____

Email: _____ Tel: _____

Occupation: _____

Date and place of commencement of training: _____

Karatedo style: _____

First Sensei / Instructor: _____

Other Sensei/instructors (if changed) _____

Date 1st Dan awarded: _____ by _____

Grade submitted for registration: _____

Awarded by: _____ on: _____

Applicants Name: _____

Signature: _____ Date: _____

Endorsing Senior Dan Grade Name: _____

Signature: _____ Date: _____