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EXAM REGISTRATION FORM

Registration should be done 4 weeks in advance!

The fee(s) must be paid before the exam,

and the BUDO PASSPORT must be given to the commission!

###### Send this form by fax to +4313104394, or <mailto:istb@takedaryu.com>,

###### or send it to the address below:

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Int. Society for Takeda Budo (ISTB)

Servitengasse 7/16

1090 Vienna

AUSTRIA

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Please, fill in this form in BLOCK LETTERS!

###### **CANDIDATE**

|  |  |
| --- | --- |
| FAMILY NAME | FIRST NAME |
| CLUB / DOJO | DATE OF EXAMINATIO |

DISCIPLINE(S) & RANK(S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AIKIDO | --- | DAN | JUKEMPO |  | DAN |
| IAIDO | --- | DAN | KENDO |  | DAN |
| JODO |  | DAN | JUJITSU |  | DAN |

TEACHER’S LICENCE

|  |  |  |  |
| --- | --- | --- | --- |
|  | ASSISTENT |  | CHUDEN MENKYO |
|  | SHODEN MENKYO |  | JODEN MENKYO |

CONFIRMATION

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | CANDIDATE’S SIGNATURE | REPRESENTATIVE’S NAME & SIGNATURE | STAMP OF OKUDEN SHIHAN Ph.BOUTELET |