# APPLICATION FORM FOR TESTING **Form 5**

（昇段級審査受審願）Held on ＿＿＿・＿＿＿＿・＿＿＿＿

**To JKF Gojukai president Mr.Ujita Eizo Day Month Year**

**JKF 剛柔会 会長 宇治田栄蔵殿 Held at**

|  |  |
| --- | --- |
|  | **PRESENT GRADE****（現段級）** |
| **NAME OF BRANCH****（支部名）** | **NAME OF KAI or KAN****(道場名)** | **ATTEMPTED GRADE****受審段位** |
| **MEMBERSHIP NO.****（会員番号）** |  | **PHOTO****(Passport size)** |
| **フリカナ** | **CHINESE CHARACTER****( If applicable )** |
| **NAME****（名前）** |
| **DATE OF BIRTH（生年月日）** | **/ /** **years old（才）** |
| **Address(住所)****Tel&Fax(電話番号・ファクス)** |
| **DATE OF STARTING KARATE （入門年月日）** | **/ /** |
| **LATEST DAN CERTIFICATE NO.****（最終段位）**  | **DATE OF ISSUE****（取得年月日） / /** |
| **CERTIFIED THE ABOVE BY(上記保証人)****HEAD OF YOUR KAI OR KAN IN JAPAN SIGNATURE 印** |

## FOR OFFICIAL USE

**NAME（名前）＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿（印） SIGNATURE(署名)＿＿＿＿＿＿＿＿＿＿＿**

**CHIEF OF TESTING COMMITTEE**

**（段位委員会委員長）**

**/**

**DATE: /**

**CERTIFIED THE ABOVE**

**上記の通り認定した。**

**BY CHIEF EXAMINER**

**(審査委員長) NAME & SIGNATURE**

**(名前・署名)**

**（免状番号）**

**（段）**

**CERTIFICATE NO.**

**RESULT DAN**

**(決定段位)**

APPLICATION FORM FOR JKF GOJUKAI MEMBERSHIP REGISTRATION

(剛柔会会員登録申込書)

Date of proposal . .

TO JKF GOJUKAI PRESIDENT MR.UJITA EIZO (申込み日)

## JKF 剛柔会 会長 宇治田栄蔵殿

I would like to apply for JKF Gojukai membership and will abide by JKF Gojukai rules& regulations when application is approved.（会員登録後は会の規則を遵守します。）

(To use block letter)

|  |
| --- |
| **Name :(名前)** |
| **Address:(住所) ]\** |
| **Ｄate of Birth:** (year/month/day) **(生年月日)** / / | **Phone & Fax:****(電話・ファクス)** |
| **Name of branch** JKF Goju-Kai Portugal**(支部名)** | **Year of starting Karatedo****(入門年)** 2007 |
| **Name of Dojo****(道場名)** | **Name of your instructor****(先生の名前)** |
| **Name of your Kai/Kan belong to:****(所属する会の名前)** | **Name of head of your Kai/Kan in Japan****(会長・館長名)** |
| **Sign by Applicant****(申請者署名)**  |

To be filled out in Japan

|  |
| --- |
| **The above applicant to be recommended as a member of JKF Gojukai. Name of Kai or Kan****（会名・館名）** **Sign by head of Kai or Kan in Japan****会長名・館長名 (印)** |
| **Membership No:****(会員登録番号)＿＿＿＿＿＿＿＿＿＿＿** | **Date of registration:****（登録日）＿＿＿＿＿＿＿＿＿＿＿＿＿** |

# ALL JAPAN GOJURYU KARATEDO SEIWAKAI APPLICATION FORM FOR TESTING

## To Seiwakai president Mr. Seiichi Fujiwara

Held on ＿＿＿・＿＿＿＿・＿＿＿＿ (Day - Month - Year) Held at

|  |  |
| --- | --- |
| **NAME****(名前）** |  |
| **MEMBERSHIP NO.** |  |  |
| **(会員番号）** |  |
| **COUNTRY** |  |  |
|  | **PHOTO****(Passport size)** |
| **DATE OF BIRTH****(生年月日）** |  **/ / (dd/mm/yyyy) ( ) years old（才）** |
| **Address(住所) Tel&Fax** |  |  |
| **(電話番号・ファクス)** |  |
| **DATE OF****STARTING KARATE** |  **/ / (dd/mm/yyyy)** |  |
| **PRESENT GRADE（現段級）****Date: / / (dd/mm/yyyy)** | **ATTEMPTED GRADE (受審段位)** |

## FOR OFFICIAL USE

|  |
| --- |
| **RESULT DAN CERTIFICATE NO.****(決定段位) （段） （免状番号）** |
| **CERTIFIED THE ABOVE** | **DATE:** | **/ /** |  |
| **上記の通り認定した。** |  |  |  |
| **BY CHIEF EXAMINER** |  |  | **BY CHIEF OF TESTING COMMITTEE** |
| **(審査委員長)** |  |  | **(段位委員会委員長）** |
| **NAME（名前）＿＿＿＿＿＿＿＿＿＿＿＿\_** |  |  | **NAME（名前）＿＿＿＿＿＿＿＿＿＿＿＿\_** |
| **SIGNATURE(署名)＿＿＿＿＿＿＿＿＿＿＿** |  |  | **SIGNATURE(署名)＿＿＿＿＿＿＿＿＿＿＿** |

**ALL JAPAN GOJURYU KARATEDO SEIWAKAI**

APPLICATION FOR MEMBERSHIP

**Seiwakai Card Number:** (Use block letters, attach 2 photos and membership fee)

|  |  |
| --- | --- |
| **Date of registration:** **/ / \_ \_ (dd/mm/yyyy)** | **Introduced by:** |
| **Name :(名前):** |
| **Address:(住所):** |
| **Ｄate of Birth:** (day/month/year)**(生年月日) :** / /  | **Country:** |
| **Email:** | **Phone:** |
| **Occupation:** | **Name of your instructor (dojo):** |

**Seiwakai rank (dan)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rank** | **Date** | **Age** | **Rank** | **Date** | **Age** |
| **1 Dan** |  **/ / \_ \_** |  | **6 Dan** |  **/ / \_ \_** |  |
| **2 Dan** |  **/ / \_ \_** |  | **7 Dan** |  **/ / \_ \_** |  |
| **3 Dan** |  **/ / \_ \_** |  | **8 Dan** |  **/ / \_ \_** |  |
| **4 Dan** |  **/ / \_ \_** |  |  |  |  |
| **5 Dan** |  **/ / \_ \_** |  |  |  |  |

**JKF Gojukai membership Number:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rank** | **Date** | **Age** | **Rank** | **Date** | **Age** |
| **1 Dan** |  **/ / \_ \_** |  | **5 Dan** |  **/ / \_ \_** |  |
| **2 Dan** |  **/ / \_ \_** |  | **6 Dan** |  **/ / \_ \_** |  |
| **3 Dan** |  **/ / \_ \_** |  | **7 Dan** |  **/ / \_ \_** |  |
| **4 Dan** |  **/ / \_ \_** |  | **8 Dan** |  **/ / \_ \_** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Date** | **Title** | **Date** |
| **Renshi** |  **/ / \_ \_** | **Hanshi** |  **/ / \_ \_** |
| **Kyoshi** |  **/ / \_ \_** |  |  |

ALL JAPAN GŌJŪRYŪ KARATEDŌ SEIWAKAI

APPLICATION FOR SHIHAN RECOMMENDATION

Date: //

TO: ALL JAPAN GŌJŪRYŪ KARATEDŌ SEIWAKAI 剛柔流空手道誠和会

President (Kaichō): Fujiwara Seiichi 会長: 藤原聖一

Submitted by International Vice-President or Shibuchō:

誠和会国際部副部長または支部長が提出する。

Below stated is recommended for: { Renshi ・ (Kyōshi )・ Hanshi }

下記の者 { 錬士 ・ 教士 ・ 範士 } に推薦します

|  |  |
| --- | --- |
| Seiwakai Membership Number:誠和会員番号  | Seiwakai subdivision:誠和会細分  |
| 苗字, 名 (last name, first name in Japanese) | 生年月日 Year 年 Month 月 Day 日 of birth/ /  |
| Family (sur) name, Given (first) name Rōmanji: | Age:年齢  |
| Year of starting Karate-do 入門年月日 Year 年 Month 月Day 日 / /  |
| Present Dan:現段位 |  | Acquisition date:取得日 // |
| Present Title:現称号 |  | Acquisition date:取得日  |
| Reasons for recommendation by Seiwakai International Vice-President or Shibuchō:誠和会国際部副部長または支部長の推薦理由 |

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|  |  |  |  |
| --- | --- | --- | --- |
| Date of Judgment:審査年月日 / /  | Result:結果 | Renshi・Kyōshi・Hanshi錬士 ・ 教士 ・ 範士 | Pass ・ Fail可 ・ 否 |
| Judged as below stated 下記の通り審査した。SHIHAN LICENSE NUMBER 称号番号: ENTITLED 決定称号: SHI士ALL JAPAN GŌJŪRYŪ KARATEDŌ SEIWAKAI 剛柔流空手道誠和会Chief of examination panel審査委員長 名前 ＿＿＿＿＿＿＿＿＿ ＿ （印） ＊段位委員会 ＿\_＿\_＿＿＿\_＿＿＿＿\_＿ (印) |
| Note: ○1 Please use block letter to write ○1 楷書で記入の事。○2 Please do not forget signature or seal ○2 捺印漏れや署名忘れのないように。 |

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 **FORM FOR TITLE RECOMMENDATION Form No 10**

**Date 2023/\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**TO: JKF Gojukai president Mr.Ujita Eizo**

 **JKF剛柔会　会長　宇治田栄蔵殿　　　 　 Sign by chief of country HQ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**国本部長署名**

 **Sign by chief of regional HQ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **地域本部長署名**

**Below stated is recommended as { Renshi・Kyoshi・Hanshi }**

**下記の者　{ 錬士・教士・範士 }に推薦します**

|  |  |  |
| --- | --- | --- |
| **Membership No:****会員番号**  | **Name of branch****所属支部名** |  |
| **Kana(フリカナ)** | **Date of Birth****生年月日** | 　　　 \_\_\_YYYY\_/\_MMM /\_DD\_\_\_\_ |
| **Name** **氏名**  | **Age****年齢**  |   |
| **Years of starting Karate-do****入門年月日** | \_\_\_YYYY\_/\_MMM /\_DD\_\_\_\_　　　　 |
| **Present Dan** **現段位** |  　 | **Year of acquisition****取得日** | \_\_\_YYYY\_/\_MMM /\_DD\_\_\_\_ |
| **Present Title****現称号** | 　 | **Year of acquisition****取得日** | \_\_\_YYYY\_/\_MMM /\_DD\_\_\_\_ |
| **Reasons for recommendation by head of Kai or Kan in Japan applicant belong to:** **推薦理由(申請者が所属する会・館の日本の長による)：** |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Judgment****審査年月日** | **\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | **Result****結果** | **Renshi・Kyoshi・Hanshi****錬士　・　教士・　範士** | **Pass ・ Fail****可　・　否** |
| 　**Judged as below stated****下記の通り審査した。**

|  |  |
| --- | --- |
| **TITLE NUMBER****称号番号** |  |

|  |
| --- |
| **ENTITLED SHI****決定称号　　　　　　　士** |

**Japan Karate-do Federation Gojukai****全日本空手道連盟　剛柔会****Chief of examiner panel****審査委員長　名前＿＿＿＿＿＿＿＿＿＿＿＿（印）＊段位委員会＿＿＿＿＿＿＿＿＿＿＿＿＿(印)****Note:1)Please use block letter to write 楷書で記入の事。** **2)Please do not forget signature or seal　　捺印漏れや署名忘れのないように。** |