

# AAKF Dan Rank Registration

Name: \_\_\_\_\_

Dan rank registering: \_\_\_\_\_

Examiner's name: \_\_\_\_\_

Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dan registration fee: **\$50.00** – *check made out to AAKF*

Approved by (print): \_\_\_\_\_

Approver's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_