



All United States Kendo Federation

SHOGO KENDO /IAIDO (Circle one) EXAMINATION APPLICATION FORM

Date _____ Exam. Date _____

Requesting Rank _____ ID No. _____
(Kyu/Dan/Shogo)

Name _____
Last First Middle Regional Kendo Federation

Address _____
(Street)

(City) (State) (Zip)

Phone _____ E-Mail _____

Date of Birth _____ FAX _____

Present Rank _____ Date Received _____

Place of Practice _____ How many times a week _____

If requesting Shogo fill in I,II and III

	I Attend National Camp/Seminar	II Attend Regional Camp/Seminar	III Shinpan Experience at Taikai
1.	_____ (Title) (Year)	_____ (Title) (Year)	_____ (Title) (Year)
2.	_____	_____	_____
3.	_____	_____	_____

List any handicaps, injuries etc: _____

_____ (Signature of Applicant) _____ (Date)

_____ (Signature of Regional President) _____ (Date)

**For fewer mistakes, please print clearly.
A Copy of your Menjo (Certificate) and \$50 Fee(Payable to All United States
Kendo Federation must accompany this form.**