



## All United States Kendo Federation

April 20<sup>th</sup>, 2007

To: AUSKF Regional Member Federation

Re: 2007 AUSKF Kendo Summer Camp Information, Application Form

Dear AUSKF Regional Member Federation President:

As the date of the much anticipated 2007 AUSKF Kendo Summer Camp is fast approaching, I have decided to announce the details of the Summer Camp Information, Seminar Schedule and Application Form procedure. I hope that you will encourage your dojo members to begin making their plans to go to Atlanta GA, this coming June 2007.

This year, we have the privilege of welcoming two sensei of honor to this summer camp. Hideo Kobayashi Sensei Kendo Hanshi 8<sup>th</sup> Dan and Yoshiyuki Ohta Sensei Kendo Kyoshi 8<sup>th</sup> Dan. The 2007 AUSKF Kendo Summer Camp is an excellent opportunity for all kendoists in the United State to come together in one place and make friendships across the country.

Also I am enclosing the following detailed information regarding the 2007 AUSKF Kendo Summer Camp.

1. Information for the date, location, seminar fee, accommodation, dinner Party.
2. Application Form.
3. Seminar Schedule.
4. Kodansha Promotional Examination Information.
5. Kendo 1 Kyu – 7 Dan Examination Application Form.
6. Shogo Examination Application form.

If you have any additional question, please feel free to contact me.

Tel: (248) 349-5377, Fax: (248) 349-9718, or E-mail: [duke@twmi.rr.com](mailto:duke@twmi.rr.com)

Address: 41444 Fawn Trail, Novi, Michigan 48375-4813

Sincerely.

Yoshiteru Tagawa  
Vice President of Education

Education Committee:  
Masaharu Makino  
Shinobu Maeda  
Yuji Onitsuka

## 2007 AUSKF Kendo Summer Camp

Date: June 29<sup>th</sup> (Friday), 30<sup>th</sup> (Saturday), July 1<sup>st</sup> (Sunday) 2007

Location: Swanee Sports Academy  
3640 Burnette Rd., Swanee, GA 30024

Instructor: Hideo Kobayashi – Kendo Hanshi 8<sup>th</sup> Dan  
Yoshiyuki Ohta – Kendo Kyoshi 8<sup>th</sup> Dan

Seminar Fee: \$ 65.00

Lunch: June 30<sup>th</sup> \$ 9.00 July 1<sup>st</sup> \$ 9.00

Dinner Party: Sydney's International Buffet  
2131 Pleasant Hill Road, Duluth, GA 30096  
Cost: \$ 22.00

Hotel: Country Inn & Suites  
3530 Breckenridge Blvd.  
Duluth, GA 30096

Phone #: 678-405-2900 (call to make reservation)

- Your group code is AUSKF
- Your room rate per night is \$79 + tax for maximum of 4 person per room.
- Each room will be either 2 queen bed or 1 king bed with 1 queen pullout.
- Room type request will be granted on first come first serve base at time of making reservation.
- Each reservation must be booked and guaranty via major credit card or advance deposit.
- Group cancel is May 31st 2007 however, any individual cancel will be honor up to 72 hrs prior to arrival up to 20% of room booking. (Any cancellation more then 20% of original booking where Country Inn & Suites may held liable to group organizer)
- Any cancellation inside 72 hrs will penalize 50% of their total booking

NOTE : to get these rates reservations must be made by May 31

# 2007 AUSKF Kendo Summer Camp

June 29<sup>th</sup>, 30<sup>th</sup>, July 1<sup>st</sup>, 2007

## Application Form

AUSKF ID# : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federation: \_\_\_\_\_ Dojo: \_\_\_\_\_

Seminar Fee, \$ 65.00 per person: Yes [  ] No [  ] \$ \_\_\_\_\_

Lunch (6/30), \$ 9.00 per person: Yes [  ] No [  ] \$ \_\_\_\_\_

Lunch (7/01), \$ 9.00 per person: Yes [  ] No [  ] \$ \_\_\_\_\_

Dinner Party, \$ 22.00 per person: Yes [  ] No [  ] \$ \_\_\_\_\_

Total amount of check: \$ \_\_\_\_\_

Non-Refundable

Please make check payable to: **All United States Kendo Federation**

Do you need transportation? No [  ]

(June 30<sup>th</sup>) Yes [  ] Hotel to/from GYM

(June 30<sup>th</sup>) Yes [  ] Hotel to/from Dinner

(July 1<sup>st</sup>) Yes [  ] Hotel to /from GYM

Application Deadline: **June 15<sup>th</sup>, 2007** No late application allowed

Mail to: Yoshiteru Tagawa  
41444 Fawn Trail,  
Novi, MI 48375-4813  
Email: duke@twmi.rr.com

# 2007 AUSKF Kendo Summer Camp

## Seminar Schedule

June 29<sup>th</sup>, (Friday) 2007

5:30pm ~ 6:00pm	Seminar Check-in (at Swanee Sports Academy)
6:00pm ~ 7:30pm	Godo-Keiko with Sensei from Japan

June 30<sup>th</sup>, (Saturday) 2007

8:30am ~ 9:00am	Seminar Check-in (at Swanee Sports Academy)
9:00am ~ 12:00pm	Seminar
12:00pm ~ 1:00pm	Lunch
1:00pm ~ 3:30pm	Seminar
3:30pm ~ 4:00pm	Q & A session
4:00pm ~ 5:00pm	Keiko
7:00pm ~ 9:00pm	Dinner Party

July 1<sup>st</sup>, (Sunday) 2007

9:00am ~ 12:00pm	Seminar
12:00pm ~ 1:00pm	Keiko
1:00pm ~ 2:00pm	Lunch
2:00pm ~ 5:00pm	Promotion Examination

\* Time Schedule will be changeable on the day.

**PROMOTION EXAMINATION**  
**1 Kyu-7 Dan & Shogo**  
**At Suwanee Sports Academy**

DATE Sunday July,1,2007  
TIME 2:00 P.M..

LOCATION **Suwanee Sports Academy**  
**3640 Burnette Rd.**  
**Suwanee GA 30024**

EXAMINATION RANK 1 Kyu - 7<sup>TH</sup> DAN & SHOGO

APPLICATION DEADLINE June 15,2007 **No late applications allowed**

All applicants must submit:

1. Complete application form.
- 2 .Photocopy of existing Dan certification (Menjo)
- 3 Examination fee in the amount of \$50.00 payable to **All United States Kendo Federation**
- 4 **Shogo applicant must complete I,II and III in the application form**

MAIL TO:

**Arthur Murakami**  
**4305 Mountain Shadows Dr.**  
**Whittier CA 90601**

**Kendo Examination**

Applicants, upon passing the exam (kendo and kata), must submit their completed written test along with payment of Certificate Fee (English or Japanese). Payable to AUSKF

**SHOGO EXAMINATION**

**Applicants taking the Shogo Examination must take KATA Examination** and submit the following along with their application:

**Short essay (written in your own language) minimum of one full 8 ½ by 11 inch page.**  
**Subject: "What Kendo means to you"**

**Minimum requirement for Shogo titles are as follows:**

Renshi: 1 year after receiving 6<sup>th</sup> Dan

Kyoshi: 2 Years after receiving both 7<sup>th</sup> Dan and Renshi

If you have any question, please contact me by phone or fax at the number shown below.

Sincerely,

Ichiro Murakami

AUSKF VP Promotion

Phone (562) 692-4943

FAX (562) 463-3604

E-Mail [ichiro\\_kendo@earthlink.net](mailto:ichiro_kendo@earthlink.net)

Ichiro\_kendo



All United States Kendo Federation

**KENDO 1 Kyu—4 Dan  
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** \_\_\_\_\_

List any handicaps, injuries etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
( Signature of Applicant) (Date)

\_\_\_\_\_  
(Signature of Federation 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.**



All United States Kendo Federation

**5 Dan-7 Dan  
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 \_\_\_\_\_

List any handicaps, injuries etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
( Signature of Applicant) (Date)

\_\_\_\_\_  
(Signature of Federation President) (Date)

**For fewer mistakes, please print clearly.  
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must accompany this form.**



# 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 of how you have served the Federation (Board Member, Head Instructor Etc.) Please use the back of this sheet.

\_\_\_\_\_  
\_\_\_\_\_  
( Signature of Applicant) (Date)

\_\_\_\_\_  
\_\_\_\_\_  
(Signature of Federation 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.**