



**AUSKF Youth Exchange Program  
Application Form**

Name			
AUSKF ID#		Rank	
Federation		Dojo	
Birth Date		Sex	M / F
Address			Photo
	Tel:		
	E-Mail:		
Kendo History			

Parent's / Guardian's Name			
Relationship		Participation	Yes / No
Emergency Contact Information			
Address			
	Tel:	Cell:	
	Fax:	E-mail:	

Guardian's Signature

Date

\* Do not write in the thick area below

Number		Date	
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