

# SHOGO

## KENDO / IAIDO (Circle one)

### EXAMINATION APPLICATION FORM

Requesting Shogo: \_\_\_\_\_ Exam. Date: \_\_\_\_\_ Date: \_\_\_\_\_

AUSKF ID No.: \_\_\_\_\_ Regional Kendo Federation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last                      First                      Middle

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. _____ <small>(Title)                      (Year)</small>	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

\_\_\_\_\_

(Signature of Applicant)                      (Date)

\_\_\_\_\_

(Signature of Regional Federation President)                      (Date)

- \* To avoid mistakes and delays, please print clearly.
- \* A Copy of your Menjo (Promotion Certificate) and \$50 Fee payable to: All United States Kendo Federation. Payment must accompany this form.
- \* We cannot process without your AUSKF ID Number.