



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.