



All United States Kendo Federation

KENDO / IAIDO
(Please circle one)

Date: _____

General Information:

Regional Federation: _____

Examination Date: _____

Place of Examination: _____

Name:

Rank:

Head Examiner: _____

Examiner # 2: _____

Examiner # 3: _____

Examiner # 4: _____

Examiner # 5: _____

Examiner # 6: _____

Regional Federation Contact Person Information:

Name: _____ Position: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

* Total Menjo (Promotion Certificate) fees Payable to All United States Kendo Federation must accompany this form.

* Also, Please send this form & request sheet electronically to duke@twmi.rr.com.

* AUSKF ID Number must be on the Request Sheet in order to process the Menjo (Promotion Certificate).

* For fewer mistakes, please print clearly.

To: Yoshiteru Tajawa VP Promotion & Examination

41444 Fawn Trail, Novi, MI 48375-4813

Phone: (248) 349-5377, Fax: (248) 349-9718, E-Mail: duke@twmi.rr.com