

KODANSHA PROMOTIONAL EXAMINATION

At Chuo Kendo Dojo

Rafu Chuo Gakuen

Sunday November 12 ,2006

1:30 P.M.

DATE

TIME

LOCATION

**Rafu Chuo Gakuen
202 N. Saratoga St.
Los Angeles CA 90033**

EXAMINATION RANK

5TH - 7TH DAN & SHOGO

APPLICATION DEADLINE

October 20, 2006

No late applications allowed

All applicants must submit:

1. Completed 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**

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 requirements for Shogo titles are as follows:

Renshi: 1 year after receiving 6th Dan

Kyoshi: 2 Years after receiving both 7th 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

Ichiro_kendo



All United States Kendo Federation

**KENDO 5 Dan—7 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 _____

If requesting 5 Dan-7 Dan fill in I,II and III

1.	Attend Shinpan Seminar	II Attend Kata Seminar	III Shinpan Experience at Taikai
1.	_____ (Title) (Year)	_____ (Title) (Year)	_____ (Title) (Year)
2.	_____	_____	_____
3.	_____	_____	_____

List any handicaps, injuries etc: _____

(Signature of Applicant) (Date)

(Signature of Regional 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.**