



SHOGO KENDO / IAIDO (Circle one)

EXAMINATION APPLICATION

Requesting Shogo: _____ **Exam Date:** _____ **Gender:** M / F

AUSKF ID No: _____ **Member 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 Member Federation President) _____ (Date)

- * To avoid mistakes and delays, please print clearly.
- * A Copy of your Menjo (Promotion Certificate) and \$50.00 Fee (payable to All United States Kendo Federation) must accompany this form.
- * We cannot process without your AUSKF ID Number.