



KENDO 5 Dan –7 Dan EXAMINATION APPLICATION FORM

Requesting Rank: _____ Exam. Date: _____ Gender: F / M

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: _____

List any handicaps, injuries etc.: _____

_____ (Signature of Applicant) (Date)

Print Name: _____

_____ (Signature of Regional Federation President) (Date)

Print Name: _____

- * To avoid mistakes and delays, please print clearly.
- * A Copy of your Menjo (Promotion Certificate) and a check for examination fee (\$50) payable to "All United States Kendo Federation". Payment must accompany this form. Non-refundable. Non-transferable.
- * We cannot process your certificate without your AUSKF ID Number.