



SHOGO KENDO EXAMINATION APPLICATION FORM

Requesting Shogo: _____ Exam. Date: _____ Location: _____

AUSKF ID No: _____ Member Kendo Federation: _____

Name: _____ Age: _____ Gender M / F

(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. _____
(Title) (Year)

_____ (Title) (Year)

_____ (Title) (Year)

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 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.