



All United States Kendo Federation

KENDO 1 Kyu –7 Dan-Shogo

EXAMINATION APPLICATION FORM

Date _____ Exam. Date _____

Requesting Rank _____ ID No. _____
(Kyu/Dan/Shogo)

Name _____
Last First Middle Kendo Federation

Address _____
(Street)

(City) (State) (Zip)

Phone _____ E-Mail _____

Exam Day Age _____

Present Rank _____ Date Received _____

List any handicaps, injuries etc: _____

(Signature of Applicant) (Date)

(Signature of Federation President) (Date)

The following fee's made Payable to All United States Kendo Federation must accompany this form and a copy of your Menjo (Certificate).

25.00 1st Kyu to 4th Dan

50.00 5th Dan to 7th Dan

50.00 Shogo

Please send a Hard Copy or Email with attachments (pdf file).

Shinichi Koike, VP of Examination and Promotion

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