



All United States Kendo Federation

**KENDO 5 Dan -7 Dan & Shogo
EXAMINATION APPLICATION FORM**

Date _____ Exam. Date _____

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

Name _____ Age _____
Last First Middle 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 6 Dan-7 Dan or Shogo fill in I,II and III

**I. 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 Federation 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.**