



**SHOGO
KENDO/IAIDO (Circle one)
EXAMINATION APPLICATION FORM**

Date _____ Exam. Date _____

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

Name _____
(Last) (First) (Middle) (Regional Kendo Federation)

Address _____
(Street)

(City) (State) (Zip)

Phone _____ E-Mail _____

Date of Birth _____ Age _____

Present Rank _____ Date Received _____

Place of Practice _____ How many times a week _____

If requesting Shogo fill in I,II and III

**I Attend National II Attend Regional III Shinpan Experience
Camp/Seminar Camp/Seminar at Taikai**

**I Attend National
Camp/Seminar**

**II Attend Regional
Camp/Seminar**

**III Shinpan Experience
Camp/Seminar**

1. _____
(Title) (Year) (Title) (Year) (Title) (Year)

2. _____

3. _____

List of how you have served the Federation (Board Member, Head Instructor Etc.) Please use the back of this sheet.

(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