



**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