All United States Kendo Federation

AUSKF

KENDO

EXAMINATION APPLICATION FORM
2012 AUSKF Kendo Summer Camp

Requesting Rank: _____ **Exam:** _____ **Date:** _____
(Kyu or Dan)

AUSKF ID No.: _____ **Member Kendo Federation:** _____

Name: _____ **Age:** _____
Last First Middle

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone: _____ **E-Mail:** _____

Date of Birth: _____ **FAX:** _____

Present Rank: _____ **Date Received:** _____

Place of Practice: _____ **How many times a week:** _____

List any handicaps, injuries etc.: _____

_____

_____ _____
(Signature of Applicant) (Date)

Print Name: _____

_____ _____
(Signature of Member Federation President) (Date)

Print Name: _____

* **To avoid mistakes and delays, please print clearly.**
* **A Copy of your Menjo (Promotion Certificate) and a check for examination fee (payable to All United States Kendo Federation) must accompany this form.**
* **We cannot process your certificate without your AUSKF ID Number.**