

***External Shinsa Application Form****, revision 7/21/22. See “External Shinsa App Notes” on the SCKF Fees, Forms, and Docs page.*

*This section to be filled in by applicants for rank testing (for shogo see separate form). Please no extra pages..*

Attendance at regional, national, and international seminars within the last two years:

Position in SCKF and major activities to date:

Leadership accomplishments:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dojo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Current rank \_\_\_\_\_\_\_\_ Rank date \_\_\_\_\_\_\_\_\_\_ Granting federation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Req rank \_\_\_\_\_\_\_\_\_\_\_ Shinsa date \_\_\_\_\_\_\_\_\_ Testing federation and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of times physically practiced at a dojo in the last 9 months:

Place(s) of practice:

Age \_\_\_\_\_ AUSKF ID No \_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All statements on this form are accurate and complete to the best of my knowledge

*Southern California Kendo Federation*

*This section to be filled in by Dojo Head Instructor.*

Head instructor recommendation (signature required; verbiage optional):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

All statements on this form are accurate and complete to the best of my knowledge

*This section to be filled in by SCKF.*

Approved by SCKF Shinsa Advisory Board on: \_\_\_\_\_\_\_\_\_\_\_