

***External Shogo Application Form****, revision 9/21/21. See “External Shinsa App Notes” on the SCKF Fees, Forms, and Docs page.*

*This section to be filled in by shogo rank applicants along with their head instructor and advisors. If extra pages are attached, please note.*

Position in SCKF and major activities to date:

Leadership accomplishments, including service as referee:

Attendance at regional, national, and international seminars:

Other:

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

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

Req shogo \_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_

The above named applicant is recommended by SCKF to test for shogo based on the record and accomplishments listed above. Signed by SCKF President:

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