

Southeastern US Kendo Federation
Testing Application



AUSKF ID# _____ (You must have paid this year's dues)

Name: _____ Kanji: _____
(Last) (First) (MI)

Address: _____
(Street) (Apt #) (City) (State) (Zip Code)

Telephone: _____ Age: _____ Date of Birth: _____
(Month, Day, Year)

e-mail address: _____

Dojo: _____ Height: _____ Weight: _____

Present Rank: _____ Date Received: _____

Where Received: _____
(If outside the SEUSKF, you must attach a copy of your menjo)

Rank Requesting: _____ Is this exam for kata only? _____
(yes/no)

If "Yes", did you pass the Kendo portion? _____
(When & Where)

How long have you studied kendo? _____

The above statements are true, correct, and complete to the best of my knowledge

Applicant signature Parent or Guardian signature (if under 18)

Remarks of recommendation by Instructor: _____

Rank recommended by Instructor: _____

Instructors Name: _____
(Print)

Instructors signature: _____ Date: _____
(sign) (M/D/Y)

Test Fees (separate from menjo fee): \$20 (2 Kyu and below); \$30 (1 Kyu and above)
Please print clearly! Menjo certificate will be taken from this application form.
Attach copy of previous menjo if last rank was received outside the SEUSKF