



## ALL UNITED STATES KENDO FEDERATION

### Request for Promotional Examination by an Affiliate Organization of the AUSKF

Application date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the affiliate that will conduct the test: \_\_\_\_\_  
(ex. AEUSKF, PNKF, SUSKIF, etc)

Name of Applicant: \_\_\_\_\_

Age \_\_\_\_\_ Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Member of club \_\_\_\_\_ RKF \_\_\_\_\_

*Copy of current menjo must accompany this form*

Recommended by (head instructor) \_\_\_\_\_ (print)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

RKF President \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

VPP&E President \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_