



All United States Kendo Federation

KENDO / IAIDO Promotion Examination Examiner Request Form

KENDO / IAIDO
(Please circle one)

Date: _____

General Information:

Member Federation: _____

Examination Date: _____

Place of Examination: _____

Number of Examiners being requested: _____

Information of Examination: _____ Kyu / Dan to _____ Dan

Signature of Member Federation President

Print Name

Member Federation Contact Person Information:

Name: _____ Position: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

* Examiner Request Form from Member Federation only. AUSKF does not accept a request from a dojo (club) or individuals.

* In case you need Examiners or Promotion seminar Instructors, AUSKF will appoint them and reimburse their travel & lodging expenses. (100% of the 1st examiner, 50% of the 2nd examiner, and 0% of all examiners thereafter)

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