

EXAMINATION APPLICATION FORM

To the President of the ALL NIPPON KYUDO FEDERATION

Dan Required: _____ Shogo Required: _____		Examination Place: _____ Date: ___ / ___ / 20___			
Surname	Forename(s)	Male • Female	Date of Birth ___ / ___ / ___		Age ___
Name in Japanese					
Address:					
Present ANKF Grade: ___ Dan		Date Approved ___ / ___ / ___		Date Renshi Title Approved ___ / ___ / ___	
Academic Record:			Occupation:		
Kyudo Career			Seminar Attendance (last 3 years)		
Year	Month	Record	Year	Month	Seminars
_____ Signature of Applicant					
Date: ___ / ___ / 20___					
Assessment of Candidate (To Be Completed by National President)					
Details of Contribution:					
Remarks:					
Federation: _____					
_____ National President:			_____ Signature:		

- NB. 1. Use original only and write in block letters. Copies not allowed
 2. In the case of false information, the application will be disqualified
 3. 1 year should have elapsed since passing the previous grade/title
 4. Write age at the time of examination
 5. Only international attendance is required

Receipt