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Shin Ken Kai Iaido Grading Application Form- 2008

Name: _____ Date of Birth: _____

Address: _____

Contact Telephone: _____ Email: _____

Applying for the rank of : _____

Current rank: _____ Date Received: _____

Dojo Name: _____ Location: _____

I _____ {dojo leader} approve and recommend
 _____'s {applicant} application to challenge the rank of
 _____ {kyu/dan} on _____ {date of
 grading}. Signed: _____ Date: _____

	<u>Fees Due</u>	<u>Fees Collected</u>
Examination Fee:	\$ _____	\$ _____
Certificate Fee:	\$ _____	\$ _____
Japanese Certificate Fee:	\$ _____	\$ _____
Shin Ken Kai Membership Fee:	\$ _____	\$ _____

{Please note that the Examination Fee and Certificate Fees should be on separate cheques. All applicants must be current members in good standing in their SKK dojo as attested to by the dojo leader.}