## SOUTHERN UNITED STATES KENDO & IAIDO FEDERATION PROMOTION APPLICATION

COEP ATI	Nam	e:				
Address:		last		first	Rirth da	middle
7 <b>idd</b> 1 <b>C</b> 55.	street			Birth date: month, day, year		
	city		zip			
AUSKF Mem	ber No		Region (for	example, S	Southern):	
Circle test req	uested: (kend	o OR iaido). If t	esting in bo	th, submit t	wo applic	ation forms.
Present Rank:		Date Received:		Locat	ion:	
Indicate rank	applying for:	K	yu OR		Dan	
☐ Attach sep	parate menjo	registration). Ch	_			
activity or exomembers, I do assume all ris my personal rof action, kno	ercise or use o so at my ow k of injury to epresentative own or unkno	of any facility in risk. I agree the myself or to me s to release and	n conjunction at I am volumy personal discharge Sidge that I ha	on with the intarily part property. I USKIF fro	SUSKIF, ticipating i agree on m any and	gage in any physica its instructors, or it in these activities and behalf of myself and all claims or cause is waiver/release and
	applicant signatu	ure			date	
Consumon so		ent/guardian if 17 & u			date	
Concurrence a	ind recomme	ndation of Sense	n/msuuctor:			
	signature				date	<del></del>

If you are not a member of SUSKIF but are a member of another AUSKF regional federation, your regional president must also sign your SUSKIF promotion application.