

KAZE NO KAI IAIDO FEDERATION

2000 Massachusetts Avenue, Cambridge, MA 02140 (617) 661-1959

APPLICATION FOR DAN PROMOTION

Please print

DATE OF TEST: _____
Mo/Day/Year

NAME _____
Last First Initial

ADDRESS _____
Street Address City State Zip Country

EMAIL ADDRESS (Please write clearly) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX M _ F _
Mo/Day/Year

OCCUPATION _____ CITIZEN OF _____

I began practicing Iaido _____ and presently hold the grade of _____
Mo/Year

awarded to me _____ by _____
Mo/Year Examiner's Name

at an examination held at _____ . I have practiced _____ since that grading.
Location Days/Hours

Dojo _____ I hereby apply for the grading of _____ DAN

Instructor

I hereby commend this application to the consideration of the Examination Committee

Instructor's Signature

Applicant's Signature

TO BE COMPLETED BY APPLICANTS FOR NIDAN AND ABOVE

LIST PLACES AND DATES OF SEMINARS SINCE LAST EXAM

FOR KAZE NO KAI OFFICIAL USE

Promotion by Examination or Recommendation Disposition: Pass Fail

By _____ On _____ At _____
Examiner's Signature Mo/Day/Year Location of Examination

Approved by _____ Date _____
KAZE NO KAI Examination Committee