Shinsa Application Form To the President of the All Nippon Kyudo Federation

(For Kyu Rank/Godan and Under)

To the President of the All Nippon Kyudo Federation									Date:			
Name		Last Name Firs			st Name		M	Date of	Year/Month/Day			
	(in Jap	(in Japanese)					F	Birth	Age on Da	Age on Day of Shinsa:		
Address	s											
cı .		Mushitei	Present ANKF Kyu Rank		Kyu Name of Shinsa:						r/Month/Day)	
Shinsa Category		Kyu Dan	Present Dan Rank	D		Dan		Date Obtained (Year/Month/Day) ame of Shinsa:				
		Kyudo Career			<u> </u>				cord ANKF/IKYF Taikai Accomplishments			
Year	Month	Details		Year		Sellilli		Details	Year	Month	Details	
Tear	Wionth	Began Kyudo with		Tear	Wionth			Details	Total	Wollin	Details	
		()									
									Positio	ons Held ((International, National or Local)	
Current Affiliation ()									Year	Month	Details	
Current Instructor ()												
Dates of Promotions (Year/Month/Day) Ikkyu Shodan												
Nikyu		Nidan										
1 1111 6		Sandan										
Signature	e of App	blicant		l					,			
I approve	e the abo	ove applicant's Shinsa Ap	plication									
Name of	Nationa	al Federation / Associatio	n		Sig	gnatur	e of	f National P	resident			
1 1000.		Application form should be handwritten. In the case of false information, the application will be made invalid. Copied application forms will not be accepted. Applicants should write within the heavy-lined areas only				Sh	insa	a Category				
						Na	ame	of Shinsa				
							Date				(Year/Month/Day)	
							V	enue				
						Re	emai	marks (Rissha or other pertinent information)				
											(fill-in with red ink)	
							N	lame				

ID No.