

Shinsa Application Form

(For Kyu Rank/Godan and Under)

To the President of the All Nippon Kyudo Federation

Date:

Name	Last Name		First Name		M F	Date of Birth	Year/Month/Day				
	(in Japanese)						Age on Day of Shinsa:				
Address											
Shinsa Category	Mushitei		Present ANKF Kyu Rank	Kyu		Date Obtained (Year/Month/Day)					
	Kyu					Name of Shinsa:					
	Dan		Present Dan Rank	Dan		Date Obtained (Year/Month/Day)					
						Name of Shinsa:					
Kyudo Career				ANKF/IKYF Seminar Attendance Record			ANKF/IKYF Taikai Accomplishments				
Year	Month	Details		Year	Month	Details		Year	Month	Details	
		Began Kyudo with									
		()									
Current Affiliation		()						Year	Month	Details	
Current Instructor		()									
Dates of Promotions (Year/Month)											
Ikkyu		Shodan									
Nikyu		Nidan									
		Sandan									
Signature of Applicant											

I approve the above person's Shinsa application

Name of National Federation / Association

Signature of National President

- Notes:
- Digital signature allowed.
 - In the case of false information, the application will be made invalid.
 - Applicants should write within the heavy-lined areas only

Shinsa Category	
Name of Shinsa	
Date	(Year/Month/Day)
Venue	
Remarks (Rissha or other pertinent information)	
(fill-in with red ink)	
Name	
ID No.	

No. ()