

Date: January 30th 2026

From: Salt Lake Kendo & Iaido Kyokai and Zen Bu Kan dojos

RE: April 2026 Seminar and Shinsa

On behalf of Salt Lake Kendo & Iaido Kyokai and ZenBuKan, we are pleased to be hosting a kendo seminar and shinsa in Salt Lake City. The seminar will be led by Robert Stroud Sensei, Kendo Kyoshi 7 Dan.

This event will be held Friday April 10th, Saturday April 11th, and Sunday April 12th. Seminar is being planned Friday and Saturday with Kendo examinations through and including Sandan will be held Sunday, April 12th.

There is not a designated hotel for this event. Please make your hotel arrangements as early as possible to avoid high prices.

The seminar and shinsa will be held at the gym of the First Baptist Church of Salt Lake City. The address is 777 S 1300 E.

Should you have any questions or comments, please do not hesitate to contact us at any time. We are looking forward to seeing you all in Salt Lake City.

Yours in the best spirit of kendo,

Jordy Davis
801 554-5932
Email: jordydavis@utah.gov

Steven Sasaki
402 968-0615 (cell phone)
Email: steven.sasaki@icloud.com

Itinerary of Events

Friday - April 10th, 2026

6:00 - 8:00 Seminar

Saturday – April 11th, 2026

9:00 - 9:30 Registration

9:30 – 12:00 Seminar

12:00 – 1:00 Lunch

1:00 - 5:00 Seminar

Sunday – April 12th, 2026

9:00 – 12:00 Shinsa followed by kendo keiko

12:00 - 12:30 Closing

Seminar Registration Form

Electronic Registration URL <https://shinken.cc/event/2026-sw kif-slc-kendo-seminar/>

Name: _____

Age: _____

Address: _____

Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Email: _____

Dojo: _____

Please mark the appropriate items and fill in the fee amount.

Seminar Registration \$40 \$ _____

Rank testing fee \$30 \$ _____

TOTAL \$ _____

Payment is being made by:

PayPal _____
(zenbukandojo@gmail.com)

or

Venmo _____
(@Jordan-Davis-514)

Menjo Fees
Kyu under 18 = \$20
Kyu over 18 = \$30
1 dan = \$50
2 dan = \$60
3 dan = \$80

Note: Menjo fee will be collected after successful exam at the event. Payment must be made either by venmo or PayPal. Cash is not accepted.

AGREEMENT AND RELEASE FROM LIABILITY (AUSKF)

1. **Voluntary Participation.** I, _____, acknowledge that I have
(print name)
voluntarily applied, or have voluntarily allowed my child _____ to apply, to
(print child's name)
participate in kendo instruction and training at a dojo, club or federation which is affiliated with the All United States Kendo Federation (hereinafter, any and all affiliated dojo, clubs, federations are referred to as "AUSKF").
2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN KENDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND, IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____.
3. **Release.** As consideration for being permitted by AUSKF to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of AUSKF on account of injury, damage, or death resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of AUSKF as a result of my, or my child's, participation in kendo. I hereby release AUSKF from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage or death resulting from my, or my child's, participation in kendo.
4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN AUSKF AND ME AND SIGN IT OF MY OWN FREE WILL.

Executed on [date] _____ at [city] _____, [state] _____.

Signature of participant or, if participant is a minor,
signature of participant's parent or guardian

Print name

DECLARATION OF WITNESS

I certify that _____ [above participant/parent of participant]
acknowledged in my presence that he/she read and fully understood the meaning and consequences of the above release, and signed it in my presence.

Executed on [date] _____ at [city] _____, [state] _____.

Signature of witness

Print name

AUSKF Membership

The 2026 – 2027 AUSKF Membership drive will begin March 15th, 2026 and continue until March 31st.

If you are not a member of the AUSKF it is recommended that you create an account prior to the beginning of the membership drive. However, do not sign up for membership until you receive notification that the 2026 – 2027 membership drive has started.

Access for AUSKF Membership services: <https://auskf.sport80.com/>

When you sign up for the current membership you will receive a receipt via email. Please provide a copy of this receipt along with your application to test. If this is the 1st time signing up you will receive an AUSKF membership number.

If you are a member of the SWKIF use the exam application form on page 6.

If you are a member of a different regional federation use the application form on page 7. You must have your regional federation President sign the application.

Written exam questions are on page 8.



All United States Kendo Federation

Request for Kendo Examination

Kendo

Requesting Rank: _____ **Exam Date:** ____/____/____ (MM / DD/ YYYY)
(Kyu / Dan)

AUSKF ID No: _____

Member Federation: SWKIF

Name:

_____/_____/_____
(Last) (First) (Middle)

Address

(Street)

(City)

(State)

(Zip)

Phone: _____

E-Mail: _____

Date of Birth: ____/____/____ (MM / DD/ YYYY) **Age:** _____

Present Rank: _____ **Date Received:** _____

List any handicaps, injuries, etc.: _____

To avoid mistakes and delays, please print clearly.



All United States Kendo Federation

Request for Kendo/Iaido Examination by an Affiliate Organization of the AUSKF

Kendo / Iaido / Jodo

Requesting Rank: _____ Exam Date: _04_/_12_/_2026_ (MM / DD / YYYY)
(Kyu / Dan)

AUSKF ID No: _____

Member Federation: _____

Name of the affiliate that will conduct the test: ___SWKIF_____

Name:

_____/_____/_____
(Last) (First) (Middle)

Address

(Street)

(City)

(State)

(Zip)

Phone: _____ E-Mail: _____

Date of Birth: ____/____/____ (MM / DD / YYYY) Age: _____

Present Rank: _____ Date Received: _____

List any handicaps, injuries, etc.: _____

(Signature of Member Federation President)

(Date)

- To avoid mistakes and delays, please print clearly.
- Please send this form and a copy of your menjo (certificate) with your promotion exam application form to the affiliate which conducts the test.



2025 Written Examination - Kendo

INSTRUCTIONS:

1. This is an “Essay” question; do not write a short few sentence answers;
2. Write a response in your own words;
3. It is recommended that you write your response in MS Word or similar.

Ikkyu: *(Choose one (1) of the following to answer)*

- A. State the importance, benefits and elements of proper “KIRIKAESHI”
- B. Explain “ISSOKU-ITTO-NO-MAAI”

Shodan: *(Choose one (1) of the following to answer)*

- C. Explain the concept of “KI-KEN-TAI-ICHI”
- D. Explain “TE-NO-UCHI”

Nidan: *(Choose one (1) of the following to answer)*

- E. Explain “SEME”
- F. Explain “MA-AI”

Sandan: *(Choose one (1) of the following to answer)*

- G. Explain the differences between “Sen-no-sen / Go-no-sen”
- H. What makes a good Senpai

Registration Checklist

The following documents must be received by Monday, March 30th.

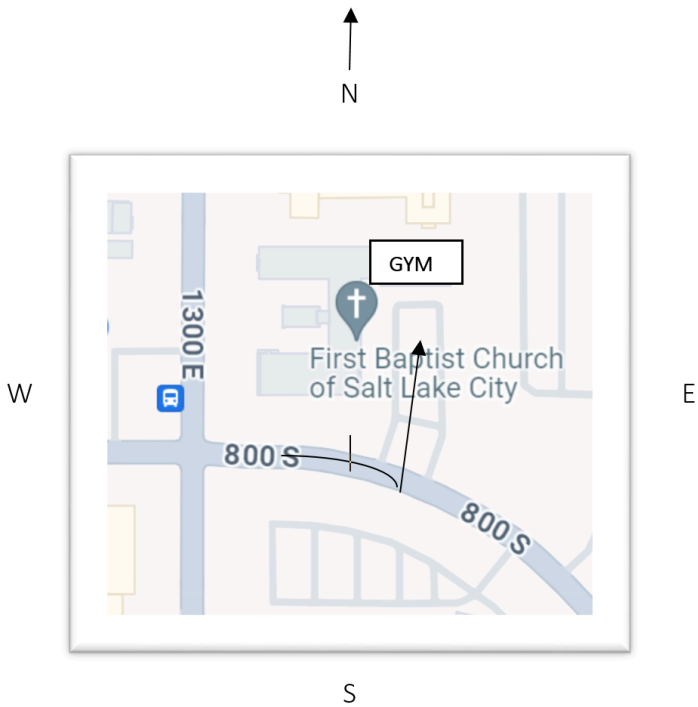
1. Registration via URL
<https://shinken.cc/event/2026-swkif-slc-kendo-seminar/>
2. Liability waiver via Registration
3. Application to test if planning to test. (Email or Postal Mail)
4. Written exam if testing for ikkyu or shodan or nidan or Sandan. (Email or Postal Mail)
5. A copy of current menjo if you currently have rank.
(Either uploaded to Registration page, or Email or Postal Mail)
6. A receipt of AUSKF 2026-2027 membership.
(Email or Postal Mail)

Please e-mail all forms to davisjordy@gmail.com you may also directly mail all forms to:

Jordy Davis
3557 West Biathlon Circle
Taylorsville, UT 84129

NOTE: The deadline to receive the exam applications is Monday, March 30, 2026. Applications will not be accepted after this date. NO EXCEPTIONS.

Directions to the gym.



From 1300 E turn east onto 800 S also known as Sunnyside Ave. The parking lot entrance will be on your left.

