**六・七・八段受審者講習会申込書**

**剣道連盟**

|  |  |  |  |
| --- | --- | --- | --- |
| 受審段位 | 氏　　　名 | 生年月日（年齢） | 備　考 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

計　　　　　名　　　　　　　　円　　振込み

**新潟県剣道連盟ＦＡＸ　０２５－３８４－４７９４**