

# United States Japanese Historical Reenactment Society

## Device Submission Form (v 1.0)

Please fill this section out in Romanji

USJHRS Name (Jitsumei): \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TEL: \_\_\_\_\_

Email: \_\_\_\_\_

If you wish to register the kanji use this section to record them:

In the lower boxes, please record each name part separately and label it appropriately

I wish to list this device as: (Check the box next to the type)

Kamon	<input type="checkbox"/>	Secondary Mon	<input type="checkbox"/>
Great Standard	<input type="checkbox"/>	Lesser Standard	<input type="checkbox"/>
Sashimono	<input type="checkbox"/>	Horimono	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Description: ("Blazon" in English)	
Description: (Romanji) Optional	

Please include documentation on separate sheets

	<i>Internal use only:</i>		
Date Received:			Amount Paid:
Researched:			
Approved:			
Notification Sent: (Date)			