



KONAN YUDANSHAKAI
2017 Fall Promotional
USJF Sanction # 17-09-06

PARTICIPANT INFORMATION

DATE: Sunday, September 24, 2017
TIME: Registration 12:30 PM -1:00 PM
Exam & Kata Certification Testing – 1:00 PM – 300 PM

COST: \$10.00 Workshop Fee
\$20.00 USJF Kata Testing and Certification fees

LOCATION: Black Swamp Judo Club.
2564 Parkway Plaza
Maumee, OH 43537

Name: _____ **Age:** _____ **Phone:** _____
E-mail Address: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
USJI, USJF, or USJA Number: # _____ **OTHER** _____ #
Exp Date _____ **Club:** _____
Judo Rank: _____ **Org who gave rank** _____

If assistance/accommodation is needed (check off appropriate box)
 Vision Loss/Blindness Hearing loss/Deafness Other _____
Type of assistance/accommodation requested or name of person assisting _____

Candidates must submit an electronic Form 20 to Mrs. Frances Glaze Chair Konan Board of Examiners at fmglaze@yahoo.com and to Mr. Tom Sheehan Promotion Committee Chair at t_j_sheehan@yahoo.com for the promotional exam **no later than July 31, 2017** Candidates must obtain a form 20 go to <http://www.usjf.com/> then to downloadable forms to Promotional form. **A Background Check must be submitted to National Office by July 31, 2017** for those who are going to be a candidate unless you have one deemed current. They are valid for four years. Go to <http://www.usjf.com/public/background.pdf> to find the Background Check form. The Registration Form and Waiver for the Clinic will be available at the Clinic.

ELIGIBILITY: All contestants must **present** a valid U.S.J.I., U.S.J.F. or U.S.J.A card at the workshop site. If you cannot produce a card, in order to participate, you will need to purchase a membership on site. Foreign contestants must have the proper ID from their home country.



UNITED STATES JUDO FEDERATION
KATA INSTRUCTOR CERTIFICATION
APPLICATION FORM

Name Print): _____ Rank: _____

Address: _____ Date of Birth: _____

Telephone no: _____ (Home) _____ (Work) Rank: _____

E-MAIL: _____ USJF NO; _____

EDUCATION: _____ OCCUPATION: _____
(Grade completed or degrees)

NAME OF DOJO: _____

NAME OF INTRUCTOR: _____

_____ Nage No Kata _____ Kime No Kata _____ Koshiki No Kata

_____ Katame No Kata _____ Goshinjitsu _____ Ju No Kata

_____ Itsutsu No Kata TOTAL FEES PAID: _____

1. KATA TEACHING EXPERIENCE (continue on reverse side or attach list):

To Capacities(duties) Dojo/Clinic City/State

.....
.....

2. KATA COMPETITION RECORD & RESULT(continue on reverse side or attach list):

From To Capacities(duties) Dojo/Clinic City/State

.....
.....

3. NATIONAL/REGIONAL KATA CLINIC ATTENDED/CONDUCTED(continue on reverse side or attach list):

To Capacities(duties) Dojo/Clinic City/State

.....

FEES: (non-refundable) Make check payable to United States Judo Federation

TESTING FEE: \$10.00 per Kata

CLASS: A \$20.00 Certification fee

CLASS: B \$15.00

CLASS: C \$10.00

Complete the APPLICATION FORM and enclose appropriate payment. Send to Eiko Shepherd 1918 North 57th Street, Washington Park, IL. 62204 Cell 618-781-5157

SIGUTURE OF APPLICANT

DATE

