



KONAN YUDANSHAKAI
2018 Fall Promotional Clinic
USJF Sanction # 18-08-01

DATE: Sunday, August 26, 2018
TIME: Registration 12:30 PM -1:00 PM
Training and Review – 1:00 PM – 3:00 PM
Kata Certification Testing – 3:00 – 4:00 PM

COST: \$20.00 for the workshop
\$20.00 USJF Kata Testing and Certification fees

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

CLINICIANS: Mrs. Frances Glaze, Rokudan, Chair Konan Board of Examiners USJF A Kata Instructor and USJI Kata Judge. Assisting will be Mr. Don Flagg, Rokudan, Vice Chair of the Board of Examiners, and Tom Sheehan, Rokudan, Promotion Chair, USJF 'A' Kata Instructors and USJI Kata Judges. Also will be other members of the Konan Promotion Committee.

Candidates will review for their Kata and Go Kyo no Waza. We strongly suggest you prepare for the promotion test at the promotional clinic. Those that want to be certified in a Kata must fill out application form plus a \$20.00 testing fee that goes to USJF. You must notify Mrs. Glaze that you are planning to test for Kata certification prior to the beginning of the clinic. Only USJF members may be evaluated for promotion and certification.

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 28, 2018** 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 28, 2018 for those who are going to be a candidate unless you have one deemed current. They are valid for two 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.



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PARTICIPANT INFORMATION

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 _____

What you want from the Workshop	Specifics	Testing*	
		Y	N
Kata			
Go Kyo no Waza			
Kata Certification Testing			

** Please mark Y for Yes or N for No if you want to be certified in Kata at the site.*



UNITED STATES JUDO FEDERATION
KATA INSTRUCTOR CERTIFICATION APPLICATION FORM

Name (Type): Rank:

Address: Date of Birth:

Telephone no: (Home) (Work) Rank:

E-MAIL: USJF NO;

EDUCATION: (Grade completed or degrees) OCCUPATION:

NAME OF DOJO:

NAME OF INSTRUCTOR:

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):

Table with 4 columns: To, Capacities(duties), Dojo/Clinic, City/State

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

Table with 5 columns: From, To, Capacities(duties), Dojo/Clinic, City/State

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

Table with 4 columns: 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

