



Konan Promotional Clinic

USJF Sanction Number: 20-01-07

Date: Sunday January 26, 2020

Time: Registration: 12:30 pm – 1:00 pm
Workshop: 1:00 pm – 3:00 pm
Kata Certification testing: 3:10 pm

Location: Black Swamp
5105 Glendale Ave
Toledo, OH 45614
France Glaze cell no# 1-419-350-1505

Registration Entry Fee: \$20.00 USD

Clinicians:

Francis Glaze, Rokudan

IJF-Judge, USA Judo “A” Judge, USJF “A” Teacher (in all 7 Katas), and a former International Kata competitor.

Shodan candidates **must submit their typed form 20, Head up & Safesports** certification by January 17, 2020. Nidan and above that are going for promotion **must submit their current typed form 20 and current Head up & Safesports** by January 17, 2020. To Frances Glaze Konan Board of Examiners at fmglaze@yahoo.com **and** Tom Sheehan Chair Konan Promotion Committee at t_j_sheehan@yahoo.com

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.

USJF Kata Instructor Certification available:

Please contact F. Glaze in advance that you want to certify – fmglaze@yahoo.com



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Black Swamp
2564 Parkway Plaza
Maumee, OH

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

BIRTH DATE:

CLUB:

RANK:

AGE: GENDER: PRIMARY USJI, USJF, USJA (circle one) #

/Exp. Date:

JUDO CANADA PASSPORT #

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



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 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

SIGNATURE OF APPLICANT

DATE