



Konan Promotional Clinic

USJF Sanction Number: 24-01-04

Date: Sunday January 21, 2024

Time: Registration: 12:30 pm – 1:00 pm
Workshop: 1:00 pm – 3:00 pm

Location: Shojin dojo
29305 Southfield Rd.
Southfield, MI, 48076
1-313-938-1205

Registration Entry Fee: \$20.00 USD

Clinicians:

Frances Glaze, Shichidan

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

All candidates must submit all their paperwork by January 7, 2024. Go to [Konan Judo | A USJF Yudanshakai – 501\(c\)\(3\) Charitable Organization](#) to get the Konan Dan Promotion Instruction Sheet the revived August 1, 2023. Submit paperwork to Frances Glaze Konan Board of Examiners at fmglaze@yahoo.com and Tom Sheehan Chair Konan Promotion Committee at t_j_sheehan@yahoo.com.

Shodan candidates must submit their form 20, Head up and Safesports Certifications (Safesports & Background are not needed if under the age of 18) by January 7, 2024. Send to Frances Glaze Konan Board of Examiners at fmglaze@yahoo.com and Tom Sheehan Chair Konan Promotion Committee t_j_sheehan@yahoo.com.

Background check can be found at usjf.com under resources as Background Screen Application.

Nidan and above that are going for promotion must also send in a CPR & First Aid certifications along with the above Shodan certifications. Which must be submitted by January 7, 2024 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 – fmglaze@yahoo.com



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Shojin dojo
29223 Southfield Rd.
Southfield, MI, 48086

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

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

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

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

To Capacities(duties) Dojo/Clinic City/State

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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