

JUDO BC

IKKYU & YUDANSHA GRADING INFORMATION FORM

This form must be completed in full before an application for promotion can be sent to Judo Canada.

Promotion to _____

Surname _____ First name _____

Address _____

City _____ Postal code _____

Home phone _____ Work phone _____

Judo Canada Passport # _____ Nationality _____

Date of birth _____ Birth place _____

(month/day/year)

Present rank _____ Date received _____

(month/day/year)

Present Dojo _____ Date of enrolment _____

in Dojo (month/day/year)

Started judo _____ Present instructor _____

(month/day/year)

Former instructors (name/rank) _____

Occupation _____ Frequency of class _____

per week

Years teaching _____

Referee certification _____ Date of certification _____

(month/day/year)

NCCP level _____ Date of certification _____

(month/day/year)

Kodokan registration number _____ Last Kodokan rank received _____

(m/d/y)

I hereby certify that the above information is correct to the best of my knowledge.

Signature of applicant

(month/day/year)

Instructor's Signature