



RANK REGISTRATION

IKKYU & YUDANSHA

Name in Full _____

(surname)

(given names)

Home Address _____ Home phone _____

_____ Work phone _____

_____ Email _____

Postal Code _____ Judo Canada Passport No. _____

Birthdate _____

(year/month/day)

Occupation _____ Place of work _____

Former Dojo _____ Started Judo _____

Present Dojo _____ Date of Enrolment _____

In present Dojo _____

(year/month/day)

Present Rank _____

Received Rank _____

(year/month/day)

Kodokan Rank Registration number(s) _____

What rank(s) have you received Kodokan Diploma(s) for? _____

Do you have NCCP Certification? Level _____

Date obtained _____

Do you have a Referee Certification? Level _____

Date obtained _____

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

Date of Application

Signature

Submit to the Chairperson of the Judo BC Grading Board, grading@judobc.ca or fax to 604-333-3514.