



RANK REGISTRATION IKKYU & YUDANSHA

Last name:	First name:
Address:	
City	Postal Code:
Daytime phone #:	Evening phone #:
Email:	
Birth date (yyyy/mm/dd):	Judo Canada Passport #:
Occupation:	
Former Dojo:	Started Judo:
Present Dojo:	Date of enrollment (yyyy/mm/dd):
Present Dojo Instructor:	
Present Rank:	Received Rank (yyyy/mm/dd):
Kodokan Rank Registration number:	
What rank(s) have you received Kodokan Diploma(s) for:	
Do you have NCCP certification?	Level:
	Date obtained:
Do you have referee certification?	Level:
	Date obtained:

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

Signature of Dojo Instructor

Signature of Applicant

Date

Date

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