

PLEASE FILL OUT A SEPARATE ENTRY FORM FOR EACH KATA PERFORMED.

| | | | |
|--|----------------------|---|-----------|
| For official use only. Do NOT write in this box! | | | |
| Reg. ID# _____ | Entry Fee Paid _____ | Membership/Insurance Verified: Tori _____ | Uke _____ |

Check One:

| | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| NAGE NO KATA | KATAME NO KATA | JU NO KATA | GOSHIN JITSU |
| <input type="checkbox"/> Entry Level | <input type="checkbox"/> Entry Level | <input type="checkbox"/> Entry Level | <input type="checkbox"/> Entry Level |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Advanced | <input type="checkbox"/> Advanced | <input type="checkbox"/> Advanced |

TORI:

Last Name: _____ First Name: _____ MI: _____

Sex: _____ Age: _____ Birth Date M/D/Y: _____ Rank: _____

National Org: _____ ID# _____ Insurance Expiration Date: _____
(USA Judo, USJA, USJF, etc.)

Judo Club: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email Address: _____

UKE:

Last Name: _____ First Name: _____ MI: _____

Sex: _____ Age: _____ Birth Date M/D/Y: _____ Rank: _____

National Org: _____ ID# _____ Insurance Expiration Date: _____
(USA Judo, USJA, USJF, etc.)

Judo Club: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email Address: _____

Please sign the WARNING WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE on back.

