

Age	Weight	Belt Color/Rank	Months/Years of Judo	Sex

Official Use Only • Please do not write in the section above.

Hokka Newaza Clinic

Saturday, February 16, 2008

Sacramento Judo Club, Inc.
 2875 Fruitridge Road
 Sacramento, California 95820
 916-452-5836

OFFICIAL ENTRY FORM

NAME: _____
Last First MI

ADDRESS: _____
Number & Street City State Zip

JUDO RANK (Belt Color): _____ **Kyu:** _____ **Dan:** _____

NUMBER OF MONTHS / YEARS IN JUDO: _____

USJF# _____ **USJI#** _____ **USJA#** _____ **INSURANCE EXP. DATE:** _____

DATE OF BIRTH: _____ **AGE:** _____ **WEIGHT:** _____ **SEX:** Male Female

Judo Organizations registered with: Please Circle- USJF USJI USJA

EMERGENCY CONTACT: _____

ADDRESS: _____ **TELEPHONE#** _____

CLUB/DOJO NAME: _____

SENSEI/COACH: _____

