



**judo
alberta**

The Alberta Kodokan Black Belt Association

EVENT: _____

CHAIRMAN: _____

ADDRESS: _____

_____ PHONE: _____ DATE: _____

TOURNAMENT REFEREES & JUDGES

CHIEF REFEREE _____

	NAME	REFEREE GRADE		NAME	REFEREE GRADE
1			19		
2			20		
3			21		
4			22		
5			23		
6			24		
7			25		
8			26		
9			27		
10			28		
11			29		
12			30		
13			31		
14			32		
15			33		
16			34		
17			35		
18			36		

COMMENTS:

I HEREBY CERTIFY ALL THE ABOVE INFORMATION TO BE CORRECT

Date _____ Signed _____

CHIEF REFEREE

PHONE

RETURN TO:

WHITE – CHAIRMAN, REFEREE COMMITTEE

CANARY – APPLICANT