



judo alberta

THE ALBERTA KODOKAN BLACK BELT ASSOCIATION

TOURNAMENT SURCHARGE

The following fees are “per competitor”. If more information is needed, contact registrar@judoalberta.com

of Competitors _____ x \$5.00 = _____. An invoice will be issued for submitting payment.

EVENT FORM

Event: _____
Club: _____ Contact Person: _____
Email: _____ Phone: _____
Date of the Event: _____
Sanction # (if applicable): _____

Please indicate the type of event that you hosted:

- | | |
|---|--|
| <input type="checkbox"/> Referee Clinic | <input type="checkbox"/> Provincial Training Camp |
| <input type="checkbox"/> Visiting Coach Clinic | <input type="checkbox"/> Interprovincial Training Camp |
| <input type="checkbox"/> Local Tournament | <input type="checkbox"/> Regional Tournament |
| <input type="checkbox"/> Provincial Tournament | <input type="checkbox"/> National Tournament |
| <input type="checkbox"/> International Tournament | <input type="checkbox"/> Kata Clinic |
| <input type="checkbox"/> Women's Committee Event | <input type="checkbox"/> School/Mall Display |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Other: _____ |

Number of:	From Alberta	Out of Province	International	Total
Athletes				
Coaches				
Referees				
Volunteers				
Other:				

If your event was for promotional purposes, please indicate the date, location, and approximate number of people who observed judo:

Did you hand out Promotional Materials? ☐ Yes ☐ No