



UNITED STATES JUDO FEDERATION
KATA INSTRUCTOR CERTIFICATION
APPLICATION FORM

Name (Please TYPE):

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Address:

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Date of Birth:

USJF NO:

Rank:

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Telephone no:

--	--

(Cell)

(Work)

Email:

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Occupation:

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Name of Dojo:

Name of Yudanshakai

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Name of Instructor:

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Please list any CURRENT kata certifications held (A, B, C).

_____ Nage No Kata _____ Kime No Kata _____ Koshiki No Kata _____ Katame No Kata

_____ Kodokan Goshin Jutsu _____ Ju No Kata _____ Itsutsu No Kata

List the Kata(s) you are testing for today.

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1. Kata Teaching Experience (continue on reverse side or attach list):

From To Capacities (duties) Dojo/Clinic City/State

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2. Kata Competition Record and Results (continue on reverse side or attach list):

From	To	Capacities (duties)	Dojo/Clinic	City/State
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3. National/Regional Kata Clinic Attended/Conducted (continue on reverse side or attach list):

From	To	Capacities (duties)	Dojo/Clinic	City/State
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FEES: (non-refundable) Make check payable to United States Judo Federation

TESTING FEE: \$20.00 per Kata

CERTIFICATION FEE:

CLASS: A (\$30.00 Certification fee)

CLASS: B (\$25.00 Certification fee)

CLASS: C (\$20.00 Certification fee)

TOTAL FEES PAID:

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SIGNATURE OF APPLICANT

DATE

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SIGNATURE OF USJF KATA INSTRUCTOR TESTING

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SIGNATURE OF USJF KATA INSTRUCTOR TESTING

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Complete the APPLICATION FORM and enclose appropriate payment.

Send to
Sensei Eiko Shepherd
34 Susanne Ct.
Caseville, IL 62232