

2026 USA JUDO REFEREE COMMISSION

APPLICATION FOR NATIONAL REFEREE EVALUATION AND EXAMINATION EVENT APPROVAL

E-mail. copies to Hector Estevez hestevez@bellsouth.net, Ralph Palmer RefComAsst2@surewest.net, David Malek Macifp@AOL.com and Dana Rucker ncreferee@gmail.com

1. Name, Location & Date of Event:

Event Name: _____
Location (City, State): _____
Address or site (if known): _____
URL/Website with specific Tournament Information: _____
Date of Competition: _____

2. Name of Tournament Director or Requester:

Contact information: _____
(phone, fax, address or email): _____

3. USA Judo Sanction #: _____

4. USA Judo

Senior Point Event? Y N
Junior (only) Point Event? Y N

5. Was event a Referee Evaluation and Examination site last year? Y N

- a. If yes, how many total contestants competed last year? _____
- b. If no, was it in the past? Y N
- c. If yes, enter last year it was? _____
- d. If no, was this event conducted last year? Y N
- e. If no, how many contestants are expected? _____

6. How many mats are planned? _____

7. How many days will judo competition be conducted? 1 2 3

8. Would the assigned Chief Examiner/Evaluator also be the Chief Referee? Y N

9. Who is the requested Chief Referee/Examiner/Evaluator? _____

a. Who are the requested Evaluators? _____, _____, and/or
_____ (if a 3rd is required)

b. Has each member of the Evaluation Team been contacted and agreed to serve? Y or N?

10. **NOTE: The USA Judo Referee Commission must approve the Chief Referee and Evaluators.**

It should be understood the Evaluation/Examination team must have final say in referee mat assignments, and input into which divisions are to be contested on the various mats.

By applying, the tournament organizer guarantees to cover hotel expenses and actual travel expenses (up to \$650) for each Commission assigned official (Chief Referee & Examiners/Evaluators), local transportation (to/from terminal, to/from hotel and venue. etc.), and prepayment in cash of per-diem expenses (\$50 per day) for the days of the scheduled candidate clinic or referee seminar and the scheduled days of the event.

Signature of Financially Responsible Party

Printed Name

DATE SUBMITTED: ___/___/___ DATE OF RC DECISION: ___/___/___ Approved Y N