



## Individual Recommendation for Promotion

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

USA Judo ID: \_\_\_\_\_ Current Dojo: \_\_\_\_\_ Current Instructor: \_\_\_\_\_

Send Certificate to: \_\_\_\_\_

### Rank History

Rank	Date	Org.	Rank	Date	Org.	Rank	Date	Org.
Ikkyu			3 <sup>rd</sup> Dan		6 <sup>th</sup> Dan			
1 <sup>st</sup> Dan			4 <sup>th</sup> Dan		7 <sup>th</sup> Dan			
2 <sup>nd</sup> Dan			5 <sup>th</sup> Dan		8 <sup>th</sup> Dan			

### Katas Completed for this Promotion (Check as appropriate AND provide proof of completion):

<input type="checkbox"/>	Nage-no-Kata	<input type="checkbox"/>	Ju-no-Kata	<input type="checkbox"/>	Koshiki-no-Kata
<input type="checkbox"/>	Katame-no-Kata	<input type="checkbox"/>	Kime-no-Kata	<input type="checkbox"/>	Kodokan-Goshin-Jitsu

**Check here if requesting rank promotion as an ATHLETE  Please use the table at the end of this document to provide your results.**

### For Everyone:

How long have you been a USA Judo member? \_\_\_\_\_

What was the last USA Judo national event you attended? \_\_\_\_\_

In what capacity? \_\_\_\_\_

If coaching, what athletes did you coach? \_\_\_\_\_

Do you still compete? If so, at what level? \_\_\_\_\_

### For Referees:

Are you a current USA Judo referee. If so, what level? \_\_\_\_\_

What events have you refereed at? \_\_\_\_\_

### For Coaches:

Are you a current USA Judo Certified Coach? If so, what level? \_\_\_\_\_

Is your club registered with USA Judo? If so, for how long? \_\_\_\_\_

How many USA Judo members are affiliated with your club? \_\_\_\_\_

Are any of your athletes on a National Roster? If so, who? \_\_\_\_\_

If not the head/owner of the club, what capacity do you serve? \_\_\_\_\_

Do you host tournaments, camps or clinics? If so, name a few: \_\_\_\_\_

**Applicants should attach copies of past certificates, special awards, judo resume and shiai contest records. Any information left blank must be explained on an attachment. Incomplete forms will not be considered by the Committee.**

**Applicants must submit a headshot photo for 4<sup>th</sup> Dan and higher.**

**Full eligibility/requirements by rank can be found at [usajudo.com/forms](http://usajudo.com/forms).**

Rank requesting: \_\_\_\_\_ Effective Date: \_\_\_\_\_

State Promoting Organization: \_\_\_\_\_ State Promotion Chair: \_\_\_\_\_

Individual Recommending Promotion (USA Judo Coach) \_\_\_\_\_

I, the above identified Group B Promotion Chair, do hereby affirm that the above candidate has satisfied these organizations requirements for the rank which is identified, as acknowledged by all members of this states promotion committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

	1 <sup>st</sup> Dan \$150		3 <sup>rd</sup> Dan \$250		5 <sup>th</sup> Dan \$350		7 <sup>th</sup> Dan \$450		9 <sup>th</sup> Dan \$550
	2 <sup>nd</sup> Dan \$200		4 <sup>th</sup> Dan \$300		6 <sup>th</sup> Dan \$400		8 <sup>th</sup> Dan \$500		10 <sup>th</sup> Dan \$600

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Donation: \$ \_\_\_\_\_ Total Amount Submitted: \$ \_\_\_\_\_

**APPLICATIONS FOR 4<sup>th</sup> DAN AND ABOVE WILL INCUR A \$50 NON-REFUNDABLE FEE. THIS FEE WILL BE INCLUDED IN THE TOTAL APPLICATION FEE IF APPROVED**

**Please upload this document and payment through the athlete's profile at [usajudo.sport80.com](http://usajudo.sport80.com). Applicants may also send paperwork/check to:  
USA Judo 1 Olympic Plaza Colorado Springs, CO 80909**

**PLEASE NOTE: DOCUMENTS SUBMITTED AS PART OF THIS APPLICATION WILL NOT BE RETURNED TO THE APPLICANT**

