

JUDO VICTORIA INC. CONTEST APPLICATION
Print in BLOCK LETTERS

Family Name: Date: / /
 Given Name:
 Phone: Fax: email:
 Sex: M / F Reg No. D.O.B. / /
 Judo Club Name:
 Coaches Name:

Judo Grade: Medicare No.

AGE GROUP (circle 1 only. Fill in extra forms if entering more than one division)

U/8	U/10	U/13	U/16	U/19 or U/21	Senior	Veteran
Official use only				Verified Financial:	Weight:	Kg
PAID (Stamp)				(Registrar receipt no.)	(Eg. 54.0)	

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