

APPLICATION FOR KATA EXAMINATION

PERSONAL DETAILS

First Name:		
Surname:		
Address:		
Contact Details:	Phone:	Email:
JVI Membership:	JVI Membership No.	Judo Club:
Present Grade:		
Date of Birth:		
Signature:		

KATA DETAILS

In which Katas will you be presenting for examination?			
Name of Partner:			
Present Kata Instructor:			
Which portion of the examination will you be demonstrating? (tick)	TORI <input type="checkbox"/>	UKE <input type="checkbox"/>	
Hours of Kata training to date:			

KATA COMMISSION OFFICIAL USE ONLY

Kata examination completed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MEMBER _____
JVI Membership checked and current	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MEMBER _____
Other Comments			

PLEASE COMPLETE AND FORWARD THIS APPLICATION FORM TO THE KATA COMMISSION SECRETARY 1 MONTH
PRIOR TO EXAMINATION DATE



JVI KATA COMMISSION