



UNITED STATES JUDO FEDERATION

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USJF CLUB REGISTRATION & INSURANCE APPLICATION

FOR PERIOD SEPTEMBER 1, _____ THRU AUGUST 31, _____

Registered Last Year?

Application Date: _____

Dojo/Club: _____

Yudanshakai: _____

Physical Address: _____

City, State, Zip: _____

Voice Phone: _____

FAX Phone: _____

E-Mail Address: _____

Web Site: _____

Mailing Name: _____

Mailing Address: _____

City, State, Zip: _____

Head Instructor: _____

PRACTICE SCHEDULE:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Yudanshakai Registration Use Only

USJF Fee: _____

YDK Fee: _____

Total Fees: _____

Date Rcvd: _____