Individual Recommendation for Promotion

Name: _____
Last Name First Name Middle Name

Address: _____
House Number or P.O. Box Street

City: _____ State: _____ ZIP: _____

USA Judo Membership Number: _____ Age: _____ Date of Birth: _____

Affiliation: Dojo: _____

Instructor: _____

Date Started Judo: _____

Promotion History					
Rank	Date of Promotion	Rank	Date of Promotion	Rank	Date of Promotion
Ikkyu		3rd Dan		6th Dan	
1st Dan		4th Dan		7th Dan	
2nd Dan		5th Dan		8th Dan	

Katas Completed for this promotion: (Check and complete as appropriate

	Nage-no-Kata		Juno-kata
	Katame-no-Kata		Other – Identify
	Other – Identify		Other - Identify

Applicant must attach *USA Judo Major Shiai Contest and Special Awards Record Sheet*

Rank being promoted to: _____

Effective Date of Promotion: _____

Group "B" Promoting Organization: _____

Individual Recommending Promotion : _____

Group "B" Promotion Chairman: _____
Print/Type – Last Name, First Name, Middle Initial

I, the above identified Group "B" Promotion chairman, do hereby affirm that the above candidate has satisified this organization's requirements for the rank which is identified, as acknowledged by all members of this states promotion committee.

_____ _____
Signature Date

---------- *National Office Use Only* ----------

Amount Received		Check No:		Membership Verified	( ) Yes	( ) No
Forward to Promotion Committee	( ) Yes	( ) No	Promotion No. Assigned:			