



2020 COACH VOTER REGISTRATION

Date: _____

Coach Name: _____

Address _____

Email: _____¹

USA Judo Membership #: _____ Expiration date: _____

In order to vote you must be 18 or older, and an active, USA Judo Certified Coach Member of USA Judo at the time of the election.

Signature: _____

Please return this form no later than midnight PST **October 9, 2020** to:
CoachElections@usajudo.us

If you are unable to send a copy of this form by email, you may email the same information to:
CoachElections@usajudo.us.

You may only register to vote in one director voting category.

¹ All voting will be conducted by internet with notices by email. If you do not have email and internet access, please contact USA Judo for an accommodation.