



REFEREE RE-EVALUATION FORM

Date: _____

Name: _____ USA Judo #: _____

Reevaluation Event: _____ Location: _____
(City) (State)

Current Judo Rank: _____ Date of Birth: _____

*** Please complete ALL information below - - - please do NOT use 'SAME' ***

E-mail address: _____

2019 Referee Level: N-1 N-2 N-3 N-4 PJC-Cnfd IJF-Cnt'l
(Circle one)

Address: _____
(Number & Street) (City) (ST) (Zip)

Phone: H: (_____) _____ - _____ W: (_____) _____ - _____
A/C A/C

Other Phone/Fax: < > (_____) _____ - _____
Type A/C

Evaluation:

Code:

	NI	S	G	E	Cand	
General Appearance	0	1	2	3	4	4 = Candidate 3 = Excellent 2 = Good 1 = Satisfactory 0 = Needs Improvement
Mobility	0	1	2	3	4	
Procedure & Signals	0	1	2	3	4	
Authority	0	1	2	3	4	
Appreciation	0	1	2	3	4	
Determination	0	1	2	3	4	
Penalties	0	1	2	3	4	
Team Work	0	1	2	3	4	

Recommendation:

Nat'l:	Revoke	N-0	N-1	N-2	N-3	N-4
Cnfd:	(By PJC only)	0	1	2	3	4
Cnt'l:	(By IJF only)	0	1	2	3	4

Evaluators:

Chief Referee

Evaluator

Evaluator

Evaluator