1. Name, Location & Date of Event:
   Event Name: ________________________________________
   Location (City, State): _________________________________
   Address or site (if known): ______________________________
   URL/Website with specific Tournament Information____________________________
   Date of Competition: ________________

2. Name of Tournament Director or Requester: _________________________
   Contact information:
   (phone or fax or address or email) ______________________________

3. Sanction information. Which organization is sanctioning this event?
   (A. USA Judo-USJI)  (B. State Gov. Body of USJI)  (C. USJA)  (D. USJF)  (E. Other)
   If now sanctioned, sanctioning body code and number: #___________ by ____________
   If not, intended sanctioning body(s): ______   _______    _______

4. USA Judo
   Senior Point Event?       Y  N
   Junior (only) Point Event?     Y  N

5. Was event a Referee Evaluation and Examination site last year?    Y  N
   If yes, how many total contestants competed? __________
   If no, was it in the past?    Y  N  If yes, enter last year it was... _______
   If no, was this event conducted last year?    Y  N
   If no, how many contestants are expected? __________

6. How many mats are planned? __________

7. How many days will judo competition be conducted?   1  2  3

8. Would the assigned Chief Examiner/Evaluator also be the Chief Referee?     Y  N
   Who is the requested Chief Referee/Examiner/Evaluator? ________________________
   Who are the requested Evaluators? ______________________  & ______________________

   NOTE: The USA Judo Referee Commission must approve the Chief Referee and Evaluators.

It should be understood that the Evaluation/Examination team must have final say in referee mat assignments, and input into which divisions are to be contested on the various mats.

By applying, the tournament organizer guarantees to cover hotel expenses and actual travel expenses (up to $650) for each Commission assigned official (Chief Referee & Examiners/Evaluators), local transportation (to/from terminal, to/from hotel and venue, etc.), and prepayment in cash of per-diem expenses ($50 per day) for the days of the scheduled candidate clinic or referee seminar and the scheduled days of the event.

____________________________________     __________________________________
Signature of Financially Responsible Party            Printed Name

Date Received. ____/____/______
Date RC decision: ____/____/______ APPROVED DENIED

RC Form – 2021 Application for Test-Evaluation Site.docx