

2023 USA JUDO REFEREE COMMISSION

APPLICATION FOR NATIONAL REFEREE EVALUATION AND EXAMINATION EVENT APPROVAL

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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. ATJA)

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**