



Oklahoma Judo Association
Recommendation for promotion
Ranks below Shodan.

Recommended Rank _____

Full name _____

Address _____

Age _____ Affiliated Dojo _____

Birthday _____ Instructor _____

Date started judo _____

Membership Number _____ Expiration date _____

Date of last promotion--- _____ Rank promoted to at that date _____

Effective date new of promotion _____

Recommended by _____

Board official signature _____

Certificate Number _____