



**OKLAHOMA JUDO ASSOCIATION
RECOMMENDATION FOR PROMOTION
TO RANKS SHODAN AND ABOVE.**



RANK RECOMMENDED: _____

NAME (Mr. Mrs. Miss) _____
Last name First Middle

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGE _____ AFFILIATED DOJO _____

BIRTH DATE: _____ INSTRUCTOR: _____ DATE STARTED JUDO: _____

MEMBERSHIP NUMBER: _____ EXPIRATION DATE: _____

DATE OF LAST PROMOTION: _____ RANK: _____

MAJOR SHIAI RECORD -AWARDS -CONTRIBUTIONS

DATE:	EVENT NAME:	MULTI-USE: EVENT OPPONENT NAME/RANK, SERVICE OR CLINIC TYPE	POINTS EARNED	RUNNING TOTAL OF POINTS

(USE 2ND PAGE FOR ADDITIONAL INFORMATIONS)

ENDORSEMENT: _____

PROMOTION:
 CERTIFICATE NUMBER _____ RECOMMENDED BY _____

DATE _____ BOARD OFFICIAL SIGNATURE _____

NAME (Mr. Mrs. Miss) _____
Last name First Middle

(CONTINUED FROM PAGE ONE)

DATE:	EVENT NAME:	MULTI-USE: EVENT OPPONENT NAME/RANK, SERVICE OR CLINIC TYPE	POINTS EARNED	RUNNING TOTAL OF POINTS