



Hudson Judo Yudanshakai

Date	_____
Amt. Rec.	_____
Check #	_____
OFFICE USE ONLY	

Hudson Kata Fund Presents 2017 Hudson Kata Clinic Series

Please mail the mat fee: **\$20.00** Per Clinic / **\$80.00** for ALL Five Clinics
 Payable to **Hudson Kata Fund**, along with this application and waiver to:
James DeLise
185 Secatogue Lane West
West Islip NY 11795
ATTN: Hudson Kata Clinic

Eligibility: Open to USJF, USJA & USA Judo.
Must Present Card

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

JUDO CLUB: _____

USJF# _____ USJI# _____ USJA# _____

MEMBERSHIP EXPIRATION DATE: _____ JUDO RANK: _____

UPCOMING CLINICS (Check events that you will be attending)

- March 11th – Katame No Kata** 1:00 PM till 5:00 PM
Gentleway Masters Judo Club: Grace Lutheran Church, 103-15 Union Turnpike, Forest Hills, NY 11375
- May 6th – Katame No Kata** 1:00 PM till 5:00 PM
Team Combat Judo & BJJ: 1127 N. Broadway, Massapequa, NY 11758
- June 3rd – Nage No Kata** 1:00 PM till 5:00 PM
Tech Judo Club: 2136 85th Street, North Bergen, NJ 07047
- Oct. 7th – Katame No Kata** 1:00 PM till 5:00 PM
Tech Judo Club: 2136 85th Street, North Bergen, NJ 07047
- Nov. 4th – Nage No Kata** 1:00 PM till 5:00 PM
Team Combat Judo & BJJ: 1127 N. Broadway, Massapequa, NY 11758

USJF SANCTION # 17-03-02

If assistance/accommodation is needed (Check off appropriate box):

_____ Vision Loss/ Blindness _____ Hearing Loss / Deafness

Type of assistance/ accommodation requested or name of person assisting:
