

**USA JUDO**  
**REFEREE COMMISSION**  
**APPLICATION FOR 2012 NATIONAL REFEREE**  
**EVALUATION / EXAMINATION / CREDIT EVENT APPROVAL**

Mail to: Ralph Palmer, 712 Santa Rita Way Sacramento, CA 95864  
with an electronic copy to [rschererjudo@gmail.com](mailto:rschererjudo@gmail.com)

**1. Name and Location of Event :**

a. Event Name: \_\_\_\_\_

Location (City, State) :  
Address or site (if known) :

Date of Competition: \_\_\_\_\_

Level Requested: Examination (3 officials) Evaluation (3 off.) Credit (1 off.)

**2. Name of Tournament Director or Requester: \_\_\_\_\_**

Contact information:  
(phone or fax or address or email) \_\_\_\_\_

**3. Sanction information (A. USA Judo-USJI) (B. State Gov. Body of USJI)  
(C. USJudo Assn) (D. USJudoFed'n) (E. Other)**

a. If now sanctioned, sanctioning body code and number: \_\_\_\_\_

b. If not, intended sanctioning body(s) : \_\_\_\_\_

**4. USJI Senior Point Event? Y N - Junior (only) Point Event? Y N**

**5. Was event a Referee Evaluation, Examination or Credit site last year? Y N**

a. If yes, was it (circle one): Eval only Exam+Eval Credit only

i. Number of competitors: \_\_\_\_\_ (skip to (d.))

b. If no, was it in the past? Y N If so, enter last year it was... \_\_\_\_\_

c. If no, was this event conducted last year?

i. If yes, how many total contestants competed? \_\_\_\_\_

ii. 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?**

If no, who is to be Chief Referee? \_\_\_\_\_

**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 for each Commission-assigned official, local transportation (to/from terminal, to/from hotel and venue, etc.), and pre-payment 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**