JUDO SASKATCHEWAN SKILL CRESTS ORDER FORM

CLUB: _____

INSTRUCTOR: _____

Send order form to:
Kelly Seib, Box 227
Young, SK S0K4Y0
(306)-259-2129

NAME	**AGE**	**M/F**	1ST TOURNAMENT	1ST IPPON	O UCHI GARI	OKURI ERI JIME	KUZURE KAMI SHIHO GATAME	TAI OTOSHI	KATA	OUT OF PROVINCE STRIPES
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