POINT SUMMARY

226-1725 St. Laurent Blvd. Ottawa, ON K1G 3V4 t: 613-738-1200 f: 613-738-1299

Surname _____ First Name _____

Current Rank _____ Dan Age _____ Time in Grade _____ years _____ months

	19	19	19	19	19	19	20	20	20	20	20	20	20	20	Total
Active in Judo NT															
Kata Tournaments															
Kata Participation															
Shiai Tournaments															
Shiai Partiicpation															
Dojo Shu															
Head Sensei															
Club Membership															
NCCP Certification															
Coaching															
Clinic Conductor															
Clinic Participant															
Referee Certification															
Refereeing															
Administration NT															
Tournament Volunteer NT															
Total Annuel															

Total Technical / Competitive Points _____ Grand Total _____

APPLICANTS MAY BE ASKED TO PROVIDE ADDITIONAL DOCUMENTATION TO VERIFY POINT TOTALS

DECLARATIONS

I hereby certify that all information above is accurate and true

Signature of Candidate _____ Date _____

I hereby certify that all information above is accurate and true

Signature of Chief Instructor _____ Date _____

CANDIDATES SHOULD RETAIN A PHOTOCOPY OF THESE FORMS (NGBe 1, 2, 3A & 3B) FOR THEIR RECORDS