



REFEREE & JUDGE OFFICIAL REGISTRATION FORM

Please keep to the facts when filling in this document. It is imperative that all information within this document be 100% accurate. The Martial Arts un-written code of conduct applies at all times. Your stated rank must be from a recognised International Organisation of merit. Local Club or Style Grades must be clearly indicated.

PERSONAL INFORMATION

IF YOU DO NOT INCLUDE A PHOTO YOUR LICENSE CANNOT BE APPROVED

CURRENT PHOTO

FULL NAME _____

OCCUPATION _____

POSTAL ADDRESS _____

CELL No _____ OFFICE No _____

SHIRT SIZE: _____ GI SIZE: _____

EMAIL ADDRESS _____ PROVINCE _____ TOWN _____

FROM WHICH CLUB REPRESENTED _____ INSTRUCTORS NAME _____

KICKBOXING **KARATE** **JIU JITSU**

SPORT MARTIAL ARTS

DOJO/CLUB NAME _____

STYLE _____

GRADE: (INTERNATIONAL RECOGNIZED) _____

STYLE _____

GRADE: (INTERNATIONAL RECOGNIZED) _____

STYLE _____

GRADE: LOCAL _____

STYLE _____

REFEREEING - JUDGING - OFFICIAL HISTORY

<input type="checkbox"/> SEMI (POINTS) # YEARS EXP? _____	<input type="checkbox"/> LIGHT (CONTINUOUS) # YEARS EXP ? _____
<input type="checkbox"/> FULL CONTACT KICKBOXING # YEARS EXP ? _____	<input type="checkbox"/> TRADITIONAL FIGHTING # YEARS EXP ? _____
<input type="checkbox"/> TRADITIONAL KATA # YEARS EXP ? _____	<input type="checkbox"/> CREATIVE FORMS # YEARS EXP ? _____
<input type="checkbox"/> WEAPONS FORMS # YEARS EXP ? _____	<input type="checkbox"/> JIU-JITSU # YEARS EXP ? _____

YOU HAVE TO HAVE EXPERIENCE IN REF/JUDGING TO BECOME NMA APPROVED REF/JUDGE
NMA WILL SHOW NO HESITATION TO REMOVE ANYONE NOT QUALIFIED OR NOT WORKING TO NMA STANDARDS WILL ALSO BE ASSESSED AND GRADED ACCORDINGLY TO NMA STANDARDS AND NOT YOUR OWN.

THIS IS AN APPLICATION FOR

Referee/Judge

Official

APPROVED

TEMP LICENCE #
IF APPROVED

REJECTED

Subject to completion of Seminar and final grading at Destiny

INVESTIGATE

Reference Person & Tel # _____

Reference Person & Tel # _____

Payment must be made for official shirt and personal Lanyard before you complete and mail this document. The banking details are as follows:

YOU MUST ENSURE YOU USE YOUR FULL NAME AS REFERENCE ON DEPOSIT.

Acc Name: NMA2 - STD BANK: Branch Code: 050410 - Acc # 28 127 146 1

Shihan Phil Anderson is handling all registrations. Please do not contact Head office directly.

FAX Together with proof of payment to 044 873 5766 (Contact Shihan Phil if you have difficulty with this number 072 3350331)

Or email a scanned copy to shihanphil@kickboxing.co.za

NB: BRING THE ORIGINAL DOCUMENT TO DESTINY AND HAND TO KANCHO PAUL CAVE