Family Name \*:       First Name \*:

Address:

Code:       Town:

Nation \*:

eMail \*:

Date of Birth \*:       Belt Degree \*:

**Current Licence Date of Examination**

**Fighting System Duo System Ne Waza**

National              

Continental C              

Continental B              

Continental A              

World B              

World A              

**Competitions in which you have participated as a referee:**

**Date Competition**

     

**Registration for:**

Examination to upper Level (Fighting)  Refreshment

Examination to upper Level (Duo)  Observers

Examination to upper Level (Ne-Waza)

To be sent to: JJEU Referee Committee

[referees@jjeu.eu](mailto:roelvanravens@kabelfoon.nl) (in case of Examination for Continental B, World B and World A License)