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 (in case of Examination for Continental B, World B and World A License)