

Referee Certification Registration Form

Sunday, April 18, 2010

Name: _____ Date of Birth: _____

Name of Dojo: _____ Years of Training: _____

Name of Sensei: _____ Rank : _____

Current USA-NKF member

Past courses attended and certification awarded: (most recently attended)

Date: _____ Place: _____ Certification: _____

Date: _____ Place: _____ Certification: _____

Date: _____ Place: _____ Certification: _____

Registration Fees: USA-NKF Official's Membership required

_____ \$75.00 USA-NKF Official Membership (checks payable to USA-NKF)

_____ \$75.00 Seminar Fee (checks payable to WKA)

_____ \$25.00 Auditing Fee (for athletes and parents) – membership not required

For Official Use Only

Total Amount Received: _____ ck/cc/cash Rec'd by: _____

Certification Awarded: _____ Awarded By: _____