



JUDO CANADA COACHING CERTIFICATION PROGRAM

Course Registration Form

LAST NAME: _____ FIRST NAME: _____

MALE

FEMALE

NCCP NUMBER: CC _____

ADDRESS: _____

TELEPHONE: _____ (Home)

_____ (Work)

E-Mail (optional) _____

RANK: _____ YRS. IN JUDO: _____

JUDO CLUB: _____ INSTRUCTOR: _____

AGE (at date of course): _____

I wish to attend the Dojo Instructor Judo Course (old Level 2) to be held on September 17 – 19, 2010.

I have successfully completed the Dojo Assistant course and the on-line Making Ethical Decisions course YES NO

I enclose the course registration fee amount of **\$150** by

Cheque Money Order (Payable to **Judo Manitoba**)

PLEASE DO NOT ENCLOSE CASH

SIGNATURE: _____
