



# judo alberta

THE ALBERTA KODOKAN BLACK BELT ASSOCIATION

## TOURNAMENT SURCHARGE

The following fees are “per competitor”. Fees are not levied twice against competitors who enter in more than one category. For more information contact Helen Bienert at 780-998-3157 or e-mail [registrar@judoalberta.com](mailto:registrar@judoalberta.com)

# of Competitors \_\_\_\_\_ x \$4.00 = \_\_\_\_\_

Cheque # \_\_\_\_\_ Cheque Date: \_\_\_\_\_

## EVENT FORM

Event: \_\_\_\_\_

Club: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Sanction # (if applicable): \_\_\_\_\_

### **Please indicate the type of event that you hosted:**

- |   |  |
|---|--|
| <input type="checkbox"/> Referee Clinic           | <input type="checkbox"/> Provincial Training Camp      |
| <input type="checkbox"/> Visiting Coach Clinic    | <input type="checkbox"/> Interprovincial Training Camp |
| <input type="checkbox"/> Local Tournament         | <input type="checkbox"/> Regional Tournament           |
| <input type="checkbox"/> Provincial Tournament    | <input type="checkbox"/> National Tournament           |
| <input type="checkbox"/> International Tournament | <input type="checkbox"/> Kata Clinic                   |
| <input type="checkbox"/> Women’s Committee Event  | <input type="checkbox"/> School/Mall Display           |
| <input type="checkbox"/> Grading                  | <input type="checkbox"/> Other: _____                  |

Number of:	From Alberta	Out of Province	International	Total
Athletes				
Coaches				
Referees				
Volunteers				
Other:				

If your event was for promotional purposes, please indicate the date, location, and approximate number of people who observed judo:

Did you hand out Promotional Materials?  Yes  No