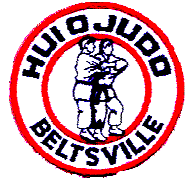




# Hui-O-Judo Beltsville Shufu Judo Yudanshakai



## Examiners Clinic

**All members of the Shufu Board of Examiners (and at least one member from each club) should attend this clinic!!**

Sanctioned by: United States Judo Federation      Sanction number: 12-01-11  
Clinician: Mr Tad Nalls, Chairman, Shufu Board of Examiners  
Date: Sunday, 29 January 2012  
Location: Beltsville Community Center, 3900 Sellman Road, Beltsville, Maryland  
Registration: 8:30 – 9:00 AM  
Clinic hours: 9 am to 12 noon, lunch break 12-1, 1pm-4pm  
Fee:            \$ 25.00            Pre register before January 20, 2012  
                  \$ 30.00            Register after January 20, 2012

Eligibility: Open to current USJF, USJA and USJI primary members. Membership cards must be presented at registration

### Topics to be covered:

**The concept for this clinic to get all members of the Shufu Yudanshakai Board of Examiners on the same grading scale. It has been noted that there is a subject viewpoint that skews some of the grading. We will evaluate criteria for each of the grading levels and evaluate the proper scoring for the techniques. We recommend at ALL member of the Board be present for this clinic. We also recommend that senior club members who are teaching come to learn what we are looking for and how we evaluate techniques.**

Visit our web site at <http://www.huiojudo.com>  
For more information contact Kevin Tamai 703-622-6861

# Shufu Yudanshakai Entry Form for Examiner Review Clinic

Cash/ check # \_\_\_\_\_

Amount: \_\_\_\_\_

Sanctioned by: United States Judo Federation sanction #: 12-01-11

Event Director: Kevin Tamai

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Club Name: \_\_\_\_\_

UJSI/USJF/USJA Number(Circle One): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*Only verified, current members will participate!\*\*\*

\*\*\*New and Renewal applications will be taken on site \*\*\*

Rank: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

If assistance/accommodation is needed (check off appropriate box):  Vision loss/blindness  Hearing loss/Deafness

Type of assistance/accommodation requested or name of person assisting: \_\_\_\_\_

Payment may be made by CHECK, MONEY ORDER to **M-NCPPC (Maryland National Capital Park and Planning Commission)**: Enclosed is a Check or Money Order for \$ \_\_\_\_\_.

**Check Verification:** Name and address matches entry form and check: Yes No  
Name and address match driver license: Yes No

Driver License State \_\_\_\_\_ Driver License Number \_\_\_\_\_ Expiration date: \_\_\_\_\_

Please mail the completed entry form liability waiver and payment to:

**Kevin Tamai, 2973 Fox Tail Court, Woodbridge, VA 22192 Attn: Shufu Examiners Clinic**

**You MUST read and sign waiver on back of this form!!  
Entries will not be accepted without a completed & signed waiver!!**

