

Cranford Judo and Karate Center Entry Form

Name of Event: Brad Bolen Clinic

**New Date:
Saturday, August 18th**

~~August 4th~~ - Brad Bolen Clinic
30\$ Per person + 15\$ Additional Family members

Pan-Am Champion
2x Pan-Am Bronze
5x World Team
6x National Champion
9x World Cup Medalist
Newaza Specialist

Adults: 12:30pm - 2pm

Kids: 2-3pm

Cranford Judo and Karate Center

107 S Ave W, Cranford, NJ 07016

Sanction No.: 18-08-13

Participant's Name: _____

DOB: (mm/yyyy): ____/____; Dojo: _____

Address: _____, Town: _____, State: ____, Zip: _____

Email: _____; Phone: (____)____-____

Rank: _____; Weight: _____; Coach: _____; Gender: M, F, Other

USA Judo#: _____; USJF#: _____; USJA# _____; Expiration Date: _____

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:

NOTE:

PROOF OF CURRENT MEMBERSHIP IN ONE OF THE ABOVE ORGANIZATIONS IS REQUIRED. IF PARTICIPANT IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR LEGAL GUARDIAN WILL ALSO BE REQUIRED. APPLICATIONS WILL BE AVAILABLE AT THE CLINIC.