

# Florida School of Judo

## Tournament Attendance / Contact form (Please Print)

Tournament name \_\_\_\_\_

### Competitors Information:

Name \_\_\_\_\_

Rank \_\_\_\_\_ Age \_\_\_\_\_ Wt. \_\_\_\_\_ (lbs)(Kg)

USA Judo (USJI ) Card # \_\_\_\_\_ expiration date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell # \_\_\_\_\_ Home phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Competing in more than 1 division? Y N

If "Yes", what other division? \_\_\_\_\_

Instructor's signature \_\_\_\_\_

**Instructors approved to sign** - Prof. Ed Maley, Keith Maley, Frank Costa,  
Henry Saavedra, Randy Keys, Langford Covington, or Andy Georgiou

