

I.W.K.A. Official's Registration

PLEASE PRINT CLEARLY

I.W.K.A # _____

Name _____ Birthdate _____ Age _____

Street _____ Sex _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Dojo Phone _____

Email _____

Karate School /Address _____

Instructor _____

Martial Arts Training Experience: _____ years Starting Date _____

Current Rank _____ Date Received _____

Officiating History: (write on the back if necessary)

List any judging certifications: type of certifications; dates; organizations (e.g. AAU),
Tournament experience judging: local, state, national, international; frequency

Current IWKA Certification/date: _____

Personal Certification (Please read and sign)

I hereby certify that the above facts are true and accurate and that I fully understand that any certification of recognition given to me may be withdrawn in the event of misrepresentation or fraud.

Personal Signature _____ Date _____

(FOR OFFICE USE)

| | |
|--|------|
| WRITTEN EXAM | Date |
| EXAMINER'S COMMENTS (if any) | |
| Passed As Judge Referee A B C | |