



4th IJF Grand Masters World Judo Championships



FORM #5

Participant's Name: Last Name (Family Name, Surname) First Name

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Street Address:

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City: State: Zip Code:

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Country: Cell/Mobile:

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Date of Birth (month/day/year)

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Judo Rank: Name of Coach:

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Judo Club Name:

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E-Mail Address

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Circle your age group:

M1/F1	M2/F2	M3/F3	M4/F4	M5/F5	M6/F6	M7/F7	M8/F8	M9/F9	M10/F10	M11/F11
30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80 +

Female:	44 Kg	48 Kg	52 Kg	57 Kg	63 Kg	70 Kg	78 Kg	+78 Kg	Open
Male:	55 Kg	60 Kg	66 Kg	73 Kg	81 Kg	90 Kg	100 Kg	+100 Kg	Open

Coach/Companion Tickets: # _____ x \$25.00 USD each = _____

ENTRY FEE'S ARE NON REFUNDABLE

Mail form to: USA Judo 1 Olympic Plaza Colorado Springs, CO 80909 USA
OR Scan/email to: info@worldmastersmiami.com

Mail or emailed forms must be accompanied by credit card form or wire transfer

DO NOT MAIL AFTER OCTOBER 30, 2012