Photo



European Sport Shito Ryu Federation

APPLICATION TO REFEREE COURSE

First name: _		_
Family name:		Dan:
.Country:		Age:
Name of Federation/ Group:		
Date	Name of President of Federation/ Group Signature	of President of Federation/Group
The above Candidate <u>has</u> the following licence(s): (Please put an X in the appropriate box)		
I have National	licence I have Internati	onal licence
I have Kata	Judge B Judge A	
I have Kumite	Judge B Judge A Referee	B Referee A
National & International licence organization write the name:		
Will participate in Kata Course Will participate in Kumite Course		
·	·	

Bring this application in **original to the Registration** and send a copy at the latest **one month** before the 1st day of the Championships to:

 ESSHRK Office
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 +421356422082

 Mr. Peter Baďura
 Mobile
 +421903737551

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