



AFRICAN KARATE FEDERATION

Photo

APPLICATION UFAK REFEREE COURSE

FIRST NAME

FAMILY NAME

DATE OF BIRTH Y Y Y Y M M D D COUNTRY OF BIRTH

NATIONALITY

DAN GRADE Dan DATE OF THE LAST GRADING

KARATE STYLE

MOBILE +

E-MAIL
@

COUNTRY OF RESIDENCE

NATIONAL FEDERATION

Date

Signature of the National Federation President

The above Candidate has the following UFAK licence(s): (Please put an X in the appropriate box)

UFAK KATA LICENCE

NO LICENCE	<input type="checkbox"/>
JUDGE - B	<input type="checkbox"/>
JUDGE - A	<input type="checkbox"/>

UFAK KUMITE LICENCE

NO LICENCE	<input type="checkbox"/>
JUDGE - B	<input type="checkbox"/>
JUDGE - A	<input type="checkbox"/>

REFEREE - B	<input type="checkbox"/>
REFEREE - A	<input type="checkbox"/>

The above Candidate will participate in:

KATA EXAMINATION

KUMITE EXAMINATION

Please bring this application in original to the Registration!