

Office Use Only

Received @N.O. _____
Check By _____
H. Delegate Check In _____
Date _____
Total Votes _____



USA Judo National Assembly Group B & C Registration

Group B or C Name _____

Date _____

Names in Delegation:

Please do not Initial or Sign this table as we will take these on the day of sign in

	Name	USA Judo Member Number	USA Judo Member Expiration Date	Head Delegates Initials	Signature
Head of Delegation	1 st				
	2 nd				
	3 rd				
	4 th				
	5 th				
	6 th				
	7 th				
	8 th				
	9 th				
	10 th				

(List as many possible delegates in ranking order)

Only the Head of Delegation will be able to approve on site the actual delegates who will receive the individual voting ballots.

Signature of State President _____

Signature of State Secretary _____

Contact Email _____

Contact Cell Phone Number _____

This form must be returned by August 26, 2008 Either by Mail or Fax

**Attn: Monica Wright-Tafoya
USA Judo
One Olympic Plaza Suite 505
Colorado Springs, CO 80909
Fax 719-866-4733**