ALASK JUDO, INC.
RECOMMENDATION FOR PROMOTION
(BROWN BELT FORM)

(Individual Record)

RANK RECOMMENDED: _____

LAST NAME FIRST MIDDLE

NAME (Mr. Ms. Dr.) _____

ADDRESS _____ CITY _____ STATE_____ ZIP _____

M F AGE _____ BIRTH DATE _____

OCCUPATION _____ FIRM _____

AFFILIATION – DOJO _____

HEAD INSTRUCTOR _____

FAVORITE WAZA _____

KATA COMPLETED _____

PROMOTION HISTORY

RANK	DATE
Start Judo	
Rokyu	
Gokyu	
Yonkyu	
Sankyu	
Nikyu	

COMPETITION RECORD: SHIAI AND/OR KATA

DATE	EVENT	OPPONENT	RANK	RESULT

CONTRIBUTIONS & AWARDS

DATE	EVENT	CONTRIBUTION OR AWARD

RECOMMENDED BY _____ TITLE _____

SIGNED _____ DATE _____

AJI ENDORSEMENT

DATE RECEIVED: _____ REVIEWED BY: _____ No. ASSIGNED: _____

SIGNED _____ DATE _____