



World 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 has the following licence(s): (Please put an X in the appropriate box)

I have National licence

I have International 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 a day of the Championships to:

WSSHRF Office
Mr. Peter Baďura
M.R.Štefánika 47
Nové Zámky, SLOVAKIA

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Mobile +421903737551

E-mail karate.wsshrf@gmail.com