

**POINT SUMMARY**

226-1725 St. Laurent Blvd. Ottawa, ON K1G 3V4 t: 613-738-1200 f: 613-738-1299

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Current Rank \_\_\_\_\_ Dan

Age \_\_\_\_\_

Time in Grade \_\_\_\_\_  
years months

	19	19	19	19	19	19	20	20	20	20	20	20	20	20	Total
Active in Judo NT															
Kata Tournaments															
Kata Participation															
Shiai Tournaments															
Shiai Participation															
Dojo Shu															
Head Sensei															
Club Membership															
NCCP Certification															
Coaching															
Clinic Conductor															
Clinic Participant															
Referee Certification															
Refereeing															
Administration NT															
Tournament Volunteer NT															
<b>Total Annual</b>															

Total Technical / Competitive Points \_\_\_\_\_

Grand Total \_\_\_\_\_

APPLICANTS MAY BE ASKED TO PROVIDE ADDITIONAL DOCUMENTATION TO VERIFY POINT TOTALS

**DECLARATIONS**

I hereby certify that all information above is accurate and true

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Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

Signature of Chief Instructor \_\_\_\_\_

Date \_\_\_\_\_

**CANDIDATES SHOULD RETAIN A PHOTOCOPY OF THESE FORMS (NGBE 1, 2, 3A & 3B) FOR THEIR RECORDS**