



**BRITISH JUDO ASSOCIATION – NATIONAL COMPETITIONS COMMISSION
TOURNAMENT LICENCE APPLICATION FORM**

| | | | |
|---|--|----------------------------|--------------------|
| EVENT TITLE | | | |
| EVENT VENUE | | | |
| EVENT DATE | POINTS SCORING | | YES / NO* |
| | Your Tournament adverts must show its Star Rating. | | |
| For which grade of Tournament do you wish to apply? star (1 to 5) | | | |
| Tournament Director | | BJA Licence Number | |
| Competition Qualification of Tournament Director | | Date awarded | |
| Tournament Director Address | | Postcode | |
| Telephone No (Day) | | Telephone No (Eve) | |
| Senior Referee | | Referee Award Level | |
| Referee's Address | | Postcode | |
| Number of officials arranged | Referees | | Table Staff |

State size in metres for all mats provided

| Total number of contest areas | Size of contest area (The fighting including the red mats but not the safety area) | Width of safety Area | |
|-------------------------------|--|----------------------|-----------|
| | | OUTSIDE | ADJOINING |
| | | | |
| | | | |
| | | | |

NB: Where mats are adjoining and the venue will not allow the 3 metres outside and 3 metres adjoining. Priority should be given to the adjoining area.

| | | | | | |
|---|----------|----------|----------|----------|---------------|
| What method of competition is to be used? | | | | | |
| Please indicate the number of entries in each age band to be catered for in the appropriate box below | | | | | |
| AA | A | B | C | D | Senior |
| Under 10 | Under 12 | Under 14 | Under 16 | Under 18 | Adult |
| | | | | | |
| Seniors Teams of competitors | | | | | |
| Juniors Teams of competitors | | | | | |

I certify that I am familiar with the requirements of this grade of event and can comply with the current minimum mandatory requirements in all aspects. I am responsible to the British Judo Association for any discrepancies

| | | | |
|--------------------------------------|--|-------------|--|
| Tournament Director signature | | Date | |
| Area Secretary signature | | Date | |

When BOTH SIDES of this form have been completed it should be sent with the fee of £20.00 to:
British Judo Association, Suite B, Loughborough Technology Centre, Epinal Way, Loughborough
Tel: 01509 631 670 Fax: 01509 631 680 e-mail bjaa@britishjudo.org.uk www.britishjudo.org.uk

This form should arrive at Head Office EIGHT weeks prior to the event.

| | |
|---------------------------------|--|
| CONCESSION REQUIRED FOR: | |
| | |
| | |
| | |

IMPORTANT: If there is any intention to combine age bands this **MUST** be indicated above.

As the Senior Referee for this event I am satisfied that the event will run smoothly with the above concession. In the case of Under 12's events I agree to ensure that the BJA policy outlined below is enforced.

| | | | |
|--------------------------------|--|------|--|
| Signature of Referee in charge | | Date | |
|--------------------------------|--|------|--|

CALENDAR INFORMATION

Please enter the tournament as detailed over leaf into the BJA Calendar of Events

| | |
|-------------------------------|--|
| Contact name | |
| Telephone number | |
| E-mail address | |
| Further details to be entered | |

If this above section is not completed it will be presumed that the event does not need to be entered onto the Calendar of Events