



Referee Seminar Registration Form



All seminars are 2 days

1 day classroom and 1 day practical evaluation at a tournament

Name: _____ Date of Birth (MMDDYY) ___ - ___ - ___

Address: _____

City _____ Postal Code _____

Phone Number(Home): _____ (Cell): _____

Email Address: _____

Black Belt Level: ___ Dan/Poom Kukkiwon #: _____

NEW: _____ or current referee class: P ___ N ___ IR ___ Member of OTA ___ Y or ___ N

OTA Club _____ Date of seminar _____

Applicant Signature: _____

Seminar Fees Paid: \$50.00 by cheque ___ or cash ___

Please do not write below this line.

REQUIREMENTS

Knowledge of hand signals: 1 2 3 4 5 6 7 8 9 10

Movement in the ring: 1 2 3 4 5 6 7 8 9 10

Overall control: 1 2 3 4 5 6 7 8 9 10

Positioning: 1 2 3 4 5 6 7 8 9 10

Ring Etiquette: 1 2 3 4 5 6 7 8 9 10

Corner Judging: 1 2 3 4 5 6 7 8 9 10

Interview: 1 2 3 4 5 6 7 8 9 10

Comments:

FINAL SCORE: Practical: _____ Written: _____ Class Achieved: _____

Examiner Signature: _____ Date: _____ Cert# _____