

PENNSYLVANIA JUDO INCORPORATED
Member of USA JUDO

Office of the President
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2012 PA Judo Club Registration Form

(PLEASE PRINT)

Club Name _____

In Care Of _____ C/O _____

Mailing Address – Street _____

City, State Zip _____

Phone # _____

Fax # _____

E-mail Address _____

Club Owners(s) / Representatives to Contact:

NAME

PHONE #

E-MAIL

Please enclose a \$40 Check or Money Order made payable to: Pennsylvania Judo Inc.
Please send this form and payment to:

Frank Driscoll
PA Judo Registration Chair
54 Houtz Lane
Port Matilda, PA 16870
Phone: (814) 777-1604
judofdriscoll@gmail.com