



Outstanding Service Referee Award Nomination Form

Name _____ Rank _____

Club Affiliation _____

Address _____

City _____ State _____ Zip _____

Referee Status _____

(Must be at least a D-1 or Judo equivalent, with 2 or more consecutive years of service)

Referee Seminar and date(s) _____

Tournaments Refereed and dates _____

SIBBA Member previous year? _____ yes _____ no

SIBBA Member this year? _____ yes _____ no

On a separate sheet of paper, please state what goals you may have in relation to continuing refereeing at tournaments and continuing education. (Please double-space, using no more than an 8 1/2" x 11" paper.)

For instructor: Why do you believe this individual should receive this award? (to be completed by instructor)

Signature of Nominating Instructor (must be a current SIBBA member)

Date