



2019 Ohio Judo Inc. Club Registration Application

Name of Club: _____

Mailing Address: _____
(PO Box or Street Address) (City) (State) (Zipcode)

Physical Address: _____
(PO Box or Street Address) (City) (State) (Zipcode)

Club Phone: _____ Club Web Site: _____

Club Facebook Page: _____

Club Contact: _____ Club Contact Phone: _____

Club Contact E-mail: _____

Coach Name: _____ Certification: USA Judo __; USJA __; USJF __; Other __; None__

Coach Phone: _____ Coach E-mail: _____

Class Schedule (Days & Times): _____

2019 OJI Club Fee: \$25 (enclosed __; check # _____; Name on check _____)

Send Form and Check to: Russ Scherer, OJI Registration Chair
510 Silvercrest Terrace
Beavercreek, OH 45440