

NANKA JUDO YUDANSHAKAI
Southern California Judo Black Belt Association

OFFICAL TRANSFER

Name _____ USJF # _____ Rank _____ Date _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____ Age _____
Transfer From _____ To _____

Reason for Transfer _____

Signature of Person Transferring **Signature of Parent or Guardian (If Minor)** **Date**

Releasing Club:
The person who is named above is cleared of all obligations and/or responsibilities from:

Name of Club _____
Address _____
City, State, Zip _____
Phone _____

Signature of Instructor (Releasing Club) **Date**

Accepting Club:

Name of Club _____
Address _____
City, State, Zip _____
Phone _____

Signature of Instructor (Accepting Club) **Date**

Upon completion send transfer application to: Nanka Yudanshakai Registration Office
1279 Ritner Street, Torrance CA 90502

Date Received: _____ Nanka Official: _____