



UNITED STATES JUDO FEDERATION

Development Committee Funding - Application

Mailing Address:

P. O. Box 338
Ontario, OR 97914-0338

Telephone:

(541) 889-8753

Faxes:

(541) 889-5836
(541) 508-4203

Internet:

www.usjf.com
no@usjf.com

Please use Adobe Acrobat to complete form - handwritten applications will be REJECTED

- Coaches
- Jr & Youth
- Kata
- Referees
- Senior
- Teachers
- Womens

Name of Project: _____

Sponsor YDK or Dojo: _____

Project Manager(s): _____

Contact Email(s): _____

Location(s) & Date(s): _____

Describe Project & Goals:

Projected Income & Expenses:

Desired Area/Regional Impact:

The project report on page 2 **MUST** be completed and submitted **within 31 days of the completion of the project**
Failure to do will disqualify the requesting yudanshakai/dojo from future funding until report is submitted



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Project Manager(s): _____

Contact Email(s): _____

Location(s) & Date(s): _____

Project's Outcomes:

Project's Financials:

Project's Impact:

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