

Scottish Ju Jitsu Association

Leader Award

Please reserve for me a place on the following SJJA Leader Course

Name:

Address:

.....

Town: Postcode:

Date of Birth: Occupation:

Club:

COURSE DETAILS

Date:

Venue:

Times:

Costs:

Is this application : A New Application ☐ A Refresher Course ☐
(Please tick which box applies)

DECLARATION

I agree to abide by the Rules and Regulations of the SJJA in respect of this Leader Scheme

Signed Dated

Please find attached payment for the above application

Amount £ . Cash Cheque Other

All Applications should be sent to:

*SJJA Coaching Unit
3 Dens Street
Dundee
DD4 6BU*