



Referee Application

Participant Information

Date: _____ Name of Do Jang: _____
Fee: _____ Name of Instructor: _____

All attendees are required to wear a Black dress pants, White dress shirt and White gym shoes. Please include electronic headshot picture.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Date of Birth: _____ Age: _____ Gender: M F

Nationality: _____

GHA Membership : Yes No Referee Classification: _____

Color Belt Rank: _____ Black Belt Rank: _____

All participants must be at least 15 years old, as of date of initial training. Referee trainees must be active members of the Global Hap Ki Do Association.

I hereby pledge to accept the Rules and Regulations of the GHA and the Referee Development Program.

Signature: _____ Date: _____

We will provide the following to each Referee:
GHA Referee tie, International identification badge, Referee certificate and lanyard with case.

For Referee Instructor Use Only

Current Referee Level: _____ Recommended Certification or Upgrade: _____

If no certification or upgrade is recommended please give explanation: _____
