

## TEAM FORCE QUESTIONNAIRE

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone \_\_\_\_\_

Applicant's DOB \_\_\_\_\_

Current Rank \_\_\_\_\_

Level of Education \_\_\_\_\_

Please indicate approximately how many hours per week you are willing to commit to the following:

Judo \_\_\_\_\_ hours

Judo at the BJTC or PJC \_\_\_\_\_ hours

Personal training program \_\_\_\_\_ hours

Teach classes at the BJTC or PJC \_\_\_\_\_ hours

Community service \_\_\_\_\_ hours

Are you willing to exclusively represent Team Force? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to allow Team Force, the BJTC and Pedro's Judo Center to use your name and likeness? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date