



RGDA Association – Questionnaire for Prospective Representatives **2010**

RGDA - Royler Gracie & David Adv Association

RGDA Headquarters/ GNJA

56 Payne Rd, Lebanon, NJ 08833, United States

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RGDA Association

Request for Affiliation - Application Form

Please type or print clearly

1 - Applicant Business/School name:

2 - Business owner/manager's name: _____

Phone Number: _____

E-mail: _____

3 - BJJ Head Instructor's name (if different than business owner) _____

Phone Number: _____

E-mail: _____

4 - Location information:

Address: _____

City: _____ County/Area: _____

State/Province: _____ Country: _____

Website: _____

E-mail address: _____

Phone Numbers (please include area/international codes)



5 - Business/school information:

How long have you been in business?

What programs/disciplines/martial arts do you teach or are available in your school?

Please check all that apply to your facility:

- () Grappling Mats Area
- () Cardio/Fitness Area
- () Weight Training Area
- () Ring
- () Cage
- () Punching Bags
- () Male Locker room
- () Female Locker room
- () Others – Please describe: _____

6 - Instructor's Background:

How long have you been training Brazilian Jiu Jitsu?

Please list your ranks in BJJ, including stripes (degrees) in each rank, date of promotion and who has promoted you:

Rank	Date of Promotion	Promoted by
White Belt	_____	_____
Blue Belt	_____	_____
Purple Belt	_____	_____
Brown Belt	_____	_____
Black Belt	_____	_____



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What type of services/programs would you like to offer to your community with the help of the RGDA Association?

- Self Defense
- Gracie Jiu-Jitsu Gi
- NO GI/Submission Grappling
- NHB – No Holds Barred
- Adult Classes
- Women’s Classes
- Kids Classes
- Teen Classes
- Competition Team
- Classes for special populations (physical/mental disabilities)

Other: _____

Are you currently affiliated with any other BJJ association or organization? Or have you been affiliated with another BJJ association before. Please note below:

Who has referred you to the RGDA Jiu Jitsu Association or how did you hear about us?

Please use the lines below for any additional information you would like to share with us at the present time:

_____, declare that all the information and statements presented on this application form are true.

Applicant – Business owner signature

Place and Date

Applicant – Head Instructor signature
(if different than business owner)

Place and Date