



2007 Regional AAU
Youth & Adult
TAE KWON DO CHAMPIONSHIP
National Qualifier Tournament



Team Entry Form

TEAM ROSTER INFORMATION

Athlete's Name (First, M.I., Last)	Age	Gender	AAU Membership #
1.			
2.			
3.			

Representing: _____ School or AAU District/Region

Team Contact: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

What form/pattern: _____

Please refer to the Official AAU Taekwondo Handbook for information regarding Team Make-up and order of competition.

I hereby certify that I know and understand the rules, policies, and code of conduct for AAU Taekwondo. I certify that I have registered these athletes in the correct age grouping and that each as qualified to compete according to the specification outlined in the AAU Taekwondo Handbook. I understand that he/she is responsible for producing an AAU Membership card at registration and that I may have to produce a birth certificate if an athlete's age is challenged. I also understand that the team may be eliminated from the competition if I have misrepresented any of the above information.

TEAM CONTACT SIGNATURE: _____ DATE: _____