



**2007 National AAU Taekwondo  
YOUTH AND ADULT CHAMPIONSHIP  
COACHES Application/Registration Form**  
*(Please print clearly or type)*



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

AAU District \_\_\_\_\_ AAU NUMBER (Required) \_\_\_\_\_

DATE of BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ Certification Number \_\_\_\_\_

**LAST CERTIFICATION CLINIC ATTENDED:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_ Clinic Administrator \_\_\_\_\_

**TAEKWONDO SCHOOL AFFILIATION:**

HEAD INSTRUCTOR \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ School Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

*I understand that coaches must be properly attired according to AAU Rules and that in order to be on the competition floor, I MUST have my AAU Coach's ID Card in hand at the time I pick up my credentials.*

Signature: \_\_\_\_\_

**Please note: There will be no 1<sup>st</sup> time clinic offered at this event.**

**NATIONAL CCOACHING FEE: \$50.00**

**DEADLINE DATE: June 4, 2007**

**ALL Coaches MUST bring their ID Card to Credential Pick-Up.**