

Picture # _____



AAU TAEKWONDO 2007 COACH/OFFICIAL CERTIFICATION APPLICATION FORM



**If completing this form on your computer,
use 'arrow keys', 'Enter', or 'tabs' to navigate through application**

Your Name
First Name (the name you go by) M Last Name

Address _____

City _____ State _____ Zip _____

Phone # _____ (If keying, enter only numbers --ie. 9991234567)

E-Mail Address _____

Date of Birth _____ Age _____ Sex _____ AAU District _____

2007 AAU Membership # _____ **County** in which you reside _____
(not COUNTRY, but **COUNTY**)

Have you taken an AAU Coach/Official clinic in the last 5 yrs? _____ **(If no, skip next line)**

What is your classification? _____ What is your certification number? _____

Do you train in martial arts? _____ If so, what rank(s) do you hold? _____

What forms do you study? (Put an 'X' by all that apply) _____ WTF _____ ITF _____ TSD/MDK

Indicate any AAU-TKD office(s) you currently hold
Clinic Administrator _____ Regional Director _____ District Sports Director _____

M.A. School _____

Instructor _____

City(School) _____ State _____

Can be filled out by clinic administrator and used for receipt

Name _____ Fee Pd: \$35 _____ How Pd: _____ CK # _____
Signature / Initials of Clinic Administrator _____