

Picture # _____



**AAU TAEKWONDO
2008 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

2008 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

Please indicate the clinic you will be attending

Clinic Location **Clinic Date**

Can be filled out by clinic administrator and used for receipt

Name Fee Pd: \$35 How Pd: CK #

Signature / Initials of Clinic Administrator