

AAU SOUTHWESTERN REGION QUALIFIER

2004

ENTRY FEE: = \$ 50.00 per TEAM of tree

AAU MEMBERSHIP: All athletes, coaches and officials must be current AAU members and be able to present a valid AAU card at check in/registration

AGE GROUP: (circle one)

SEX: (circle one)

5-18 YR. Black belt _____

MALE; _____

19 YR.and up Black belt _____

FEMALE; _____

(please print)
COMPETITORS
LAST NAME

NAME

AGE

AAU#

- 1) _____
2) _____
3) _____

REPRESENTING: _____ School /AAU Association/Region

TEAM COTACT:

NAME: _____

E-MAIL; _____

ADRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TAEKWONDO SCHOOL NAME _____

SCHOOL ADRESS _____

E-MAIL; _____ **PHONE;** (_____) _____

I here by certify that I know and understand the rules, policies, and code of conduct for AAU Tae Kwon Do. I certify that I have registered this athletes in the correct age grouping and that each has qualify to compete according to the specifications outlined in the AAU Tae Kwon Do Handbook. I understand that each athlete is responsible for producing an AAU membership card at check-in/registration and that they each may have to produce proof of their age if it 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; X _____ **DATE** _____