

AAU SOUTHWESTERN REGION QUALIFIER 2004

NAME: _____

E-MAIL; _____ PHONE; (____) _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TAEKWONDO SCHOOL NAME _____

SCHOOL ADDRESS _____

E-MAIL; _____ PHONE; (____) _____

INDIVIDUAL APPLICATION FEES: **PRICE** **NO. OF EVENTS** **AMOUNT**

2 EVENTS=\$55.00 _____ _____

3 EVENTS=\$65.00 _____ _____

APPLICATION LATE FEE: = \$ 10.00 _____ _____

(at the door or after date line March 11 2004)

MUST ATACH form A form B form C and **proof of age** (if 5-18 years old)

BLACK BELT TEAM FORMS: = \$ 50.00 _____ _____

APPLICATION LATE FEE: = \$ 10.00 _____ _____

(at the door)

*please avoid late fee and mail your application
on or before date line march 11 2004*

Coach/Official's 1st Time Clinic fee – pay at clinic \$ 35.00

Refresher Course – pay at clinic **\$35.00**

**The COACHES AND OFFICIALS CLINIC WILL TAKE PLACE AT 1030 West Arkansas Ln. Suite #300 Arlington Tx 76013 ON
FRIDAY MARCH 19 AT 6 PM.**

Coaches seminar is MANDATORY. Credentials will be distributed
FREE of charge following the clinic. Application attached.
Bring license book to clinic)

I AM INCLUDING THE TOTAL OF: _____ _____

Make cashiers check or money order payable to: USA Tae Kwon Do

MAIL TO: USA Tae Kwon Do
129 Wayside Dr. Elgin TX 78621 (512) 470 1915
agarcia@totalaccess.net WWW.USATKDTX.COM