

AAU SOUTHWESTERN REGION QUALIFIER  
**2004**

(please print)

OFFICIALS  
LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

E-MAIL; \_\_\_\_\_

PHONE: ,. ( ) \_\_\_\_\_ PHONE: ,. ( ) \_\_\_\_\_

AAU ASSOCIATION:  
(IE. Gulf, Ozark, Southwestern ) \_\_\_\_\_ AAU# (REQUIRED) \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M \_\_\_\_ F \_\_\_\_ OFFICIALS CERTIFICATION; # \_\_\_\_\_

CERTIFICATION CLASS (circle one) AA A B C D E

LAST CERTIFICATION CLINIC ATTENDED;  
DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_ LOCATION \_\_\_\_\_ INSTRUCTOR; \_\_\_\_\_

TAEKWONDO SCHOOL NAME \_\_\_\_\_

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

INSTRUCTOR NAME: \_\_\_\_\_

E-MAIL; \_\_\_\_\_

PHONE: ,. ( ) \_\_\_\_\_ PHONE: ,. ( ) \_\_\_\_\_

I understand that Officials must be dressed in proper attire according to AAU Rules, I further understand that in order to receive certification, and/or upgrade, as well as work the event, I MUST attend the Officials clinic on Friday march the 19<sup>th</sup> 2004 I also understand that an upgrade in certification will be contingent solely upon my performance.

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

SIGNATURE; X \_\_\_\_\_ DATE \_\_\_\_\_