



Picture # _____



AAU TAEKWONDO OFFICIAL CERTIFICATION APPLICATION FORM

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

I took the current online coaches clinic Completion date of clinic _____

If you cannot show proof of taking the online clinic, you must pay the \$35 clinic fee for this clinic

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 _____

Current 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 _____

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 _____