

**Coaches-Officials Application/Pre-Registration Form
2007 Minnesota State Championship**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Age: _____ Date of Birth: _____ AAU Number: _____ AAU Association: _____

Officials/Coaches Certification Number: _____ Class: AA A B C D E

Date of Last Clinic Attended: _____ Clinic Administrator: _____

MARTIAL ARTS SCHOOL AFFILIATION:

School Name: _____ Instructor: _____

School Phone Number: _____ Your Rank: _____

ALL OFFICIALS MUST PARTICIPATE IN A 2007 CLINIC TO OFFICIATE AT THIS EVENT

Please choose one: - -

I will be coaching and officiating at the 2007 Minnesota State Championship

I will be coaching

I will be officiating

You may be asked to provide proof of your 2007 AAU Membership. Please bring your current AAU Membership card. If you do not have a membership, please find applications included in this packet.

Signature: _____ Date: _____