

2009 AAU Minnesota State Championships Team Forms Application

Registration Fee: \$30 Per Team

Team Roster Information			
Athlete's Name (First Name, M.I., Last Name)	Age	Rank	AAU Number

School Name: _____

Contact Name: _____

Home Phone: _____

Work Phone: _____

Name and rank of form/pattern your team will perform: _____

Teams may consist of all Black Belts or all colored belts, adults or children or mixed. Any team may do the form up to the highest ranking member of their team. For example if a team has two colored belts and a 1st Dan, the team can do the 1st Dan's form. Please refer to the AAU rule book for additional information regarding the specific rules of what can be done in the form.

The age grouped as 5-17, juniors and 17 and and up. Again if you need clarification Contact Mike Friello I hereby certify that I know and understand the rules, policies, and code of conduct for AAU Taekwondo. I certify that I have registered these athletes in the correct age grouping and that each has qualified to compete according to the specifications outlined in the official AAU Taekwondo Handbook. I understand that he/she is responsible for producing an AAU membership card at the time of registration and that **I may have to produce a birth certificate at the competition if an athlete's age 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: _____

Date: _____