

AAU DISTRICT CHAMPIONSHIP FORM

NAME OF EVENT: _____ DATE OF EVENT: _____

NAME OF HOST ORGANIZATION: _____

NAME OF DIRECTOR: _____ AAU #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____ FAX#: _____

FACILITY PROPOSED FOR EVENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF FACILITY: _____

I certify that the above information is accurate, that I am a current member of the Amateur Athletic Union (AAU), and that I agree to follow the guidelines established for conducting a District Championship.

Signature: _____ Date: _____

Please send a copy of this form to:

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PO Box 22409
Lake Buena Vista, FL 32830
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