

AAU Gold Coast Qualifier



2014 Region 4 Qualifier T-K-D Officials Entry Form

First Name:_____ Last name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____

Male/Female _____ Date of Birth:_____ Age:_____

2014 AAU Membership Number:_____

Email Address:_____

Date of last AAU clinic completed: _____2014

All Officials must bring their I.D. Card to the event. Please wear proper AAU officials Attire as defined in the rules, Officials that are competing must also include a check for \$ 74.00, if you work the entire event your check will be returned to you after the tournament is over.

Signature:_____ Date:_____
(parents signature if under 18)