



AAU TAEKWONDO SPORT POOMSAE Referee Certification or Seminar APPLICATION FORM

Check one:

Referee Certification

Referee Seminar

Person In Charge

First Name (the name you go by)

M

Last Name

Position / Role

AAU #

Seminar Instructor

Host School/Club

Address

City

State

Zip

School Phone #

Cell #

E-Mail Address

Please indicate all information for the seminar you are hosting

Seminar Location _____

Seminar Date _____

Exp. Number of Participants _____

Time Starts _____

*Please note that all participants must have current AAU memberships.

Signature _____

Date _____