

**2003 NATIONAL AAU JUNIOR OLYMPIC GAMES
CHAMPIONSHIP**

July 29-August 1
Ford Field
Detroit, MI

OFFICIALS Application/Registration Form
(Please print clearly or type)



LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME # (____) _____ - _____ WORK # (____) _____ - _____

RANK _____ DATE of BIRTH ____ / ____ / ____ AGE _____

AAU # (Required) _____ AAU Association Name _____

OFFICIALS CERTIFICATION NUMBER _____

OFFICIALS CERTIFICATION CLASS (circle one) AA A B C D E

LAST CERTIFICATION CLINIC ATTENDED:

Date ____ / ____ / ____ Location _____ Instructor _____

LAST AAU SANCTIONED EVENT WORKED:

Date ____ / ____ / ____ AAU Association: _____ Tournament Director: _____

TAEKWONDO SCHOOL AFFILIATION:

SCHOOL NAME _____

SCHOOL ADDRESS _____

HEAD INSTRUCTOR _____ School Phone # (____) _____ - _____

**ALL OFFICIALS MUST BRING THEIR LICENSE BOOK TO THE
CLINIC AS WELL AS THE EVENT**

*I understand that officials must be properly attired according to AAU rules. I further understand that in order to receive certification, and/or upgrade, as well as work the event, that I MUST attend the Officials clinic on **Tuesday, July 29, 2003**. I also understand that an upgrade in certification will be contingent solely upon my performance.*

Signature _____

Refresher Course: FREE!