

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 # () _____

Email Address: _____

Number in attendance in your last event? _____

Facility proposed for Qualifier? _____

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 the form to:

Candice Dowdy
AAU Baton Twirling National Chair

Jennifer Miles
AAU Sports Manager
Fax: (407) 934-7242 or
P O Box 22409
Lake Buena Vista, FL 32830