

Picture # \_\_\_\_\_ (Day of Clinic)



# AAU TAEKWONDO COACH/OFFICIAL CERTIFICATION APPLICATION FORM



**If completing this form on your computer,  
use 'arrow keys', 'Enter', or 'tabs' to navigate through application**

Your Name     
*First Name (the name you go by) M Last Name*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ (If keying, enter only numbers --ie. 9991234567)

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ AAU District \_\_\_\_\_

Current AAU Membership # \_\_\_\_\_ **County** in which you reside \_\_\_\_\_  
(not COUNTRY, but **COUNTY**)

Have you taken an AAU Coach/Official clinic in the last 5 yrs? \_\_\_\_\_ **(If no, skip next line)**

What is your classification? \_\_\_\_\_ What is your certification number? \_\_\_\_\_

Do you train in martial arts? \_\_\_\_\_ If so, what rank(s) do you hold? \_\_\_\_\_

What forms do you study? (Put an 'X' by all that apply) \_\_\_\_\_ WTF \_\_\_\_\_ ITF \_\_\_\_\_ TSD/MDK

Indicate any AAU-TKD office(s) you currently hold  
\_\_\_\_\_ Clinic Administrator \_\_\_\_\_ Regional Director \_\_\_\_\_ District Sports Director

M.A. School \_\_\_\_\_

Instructor \_\_\_\_\_

City(School) \_\_\_\_\_ State \_\_\_\_\_

**Please indicate the clinic you will be attending**

**Clinic Location** \_\_\_\_\_ **Clinic Date** \_\_\_\_\_

***Can be filled out by clinic administrator and used for receipt***

Name \_\_\_\_\_ Fee Pd: \$35 \_\_\_\_\_ How Pd: \_\_\_\_\_ CK # \_\_\_\_\_

Signature / Initials of Clinic Administrator \_\_\_\_\_