

# MICHIGAN AAU TAE KWON DO STATE CHAMPIONSHIP

1. *Fill out the registration form COMPLETELY. Do not leave any blanks.*
2. *Please Sign & Include the Waiver with registration form in order for your registration to be complete.*
3. *Enclose Money Order or Certified Check made payable to "AAU TKD of Michigan"*

## **Individual Entry Form**

Please Print Clearly:

\*Early Registration must be postmarked by April 30<sup>th</sup>, 2011\*

Late Registration is any registration postmarked after April 30<sup>th</sup>, 2011. Include late fee with registration or you will be charge late fee at check-in.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of August 31, 2011): \_\_\_\_\_

Competition Height: \_\_\_\_ft.' \_\_\_\_inches" Competition Weight: \_\_\_\_\_ (In-Accurate, will result in Disqualification)

Competition Rank: Belt Color/Pooms \_\_\_\_\_ Gup/Dan Rank: \_\_\_\_\_ Sex: M / F

***Current AAU # (mandatory membership):*** \_\_\_\_\_

Martial Art School Affiliation: \_\_\_\_\_ Head Instructor: \_\_\_\_\_

School Phone # \_\_\_\_\_ School Email Address: \_\_\_\_\_

### **Check Division(s) you wish to participate (All Competitors may compete in 3 Events):**

Forms: \_\_\_\_\_ Point Sparring: \_\_\_\_\_ Olympic Sparring: \_\_\_\_\_  
(Team Forms - Black Belt Team Must fill out Team application form)

Competition Fee: 1 Event = \$50, 2 Events = \$60, 3 Events = \$70

Late Registration: 1 Event = \$80, 2 or 3 Events = \$90

APPLICATIONS MUST BE RECEIVED NO LATER THAN April 30<sup>th</sup> OR

LATE REGISTRATION FEE WILL BE ASSESSED!

PLEASED DO NOT MAIL REGISTRATION AFTER MAY 10<sup>th</sup>!

Registrations WILL NOT be accepted at the door on May 14<sup>th</sup>!

THERE WILL BE NO REFUNDS ISSUED!

Make certified check or money order payable to: AAU TKD of Michigan  
(NO Personal Checks will be accepted)

Mail Completed Application to:

AAU TKD of Michigan  
6350 Rattle Run  
St. Clair, MI 48079

Or

**Mail All CERTIFIED Applications to:**

AAU TKD of Michigan  
P.O. Box 229  
St. Clair, MI 48079

The above information is true and I fully understand that divisions may be combined or modified for competition at the discretion of the tournament committee!

Competitor's/Parent or Guardian's Signature: \_\_\_\_\_