## **AAU**

## **Competitor Registration Form**

## 2024 OKLAHOMA AAU STATE TAEKWONDO CHAMPIONSHIP NATIONAL QUALIFIER

March 23, 2024

U.S. Central Taekwondo Association Central Gym 10801 S. Sunnylane Rd., Oklahoma City, OK 73160

AAU Member #		E-mail				
Name						
Street Address						
City						
Date of birth (month/day/year):				**note: w	hite belt does not qualify	
*note: AAU considers age of competitor at	the end of the year	SCHOOL/CLUB		for nation	als	
Club		Instructor's	Name			
Street Address			Tel (	)		
City	Sta	StateZip				
I, the undersigned, hereby waive a Championship, Tournament offici Taekwondo Association for any in any and all of my actions during an I further agree that any pictures tal	als, Master Won's I juries that I may susta d in connection with s ken of or by me in co	Γaekwondo, Oklahoma nin during my participation said tournament. Connection with the said Connection with the said Co	State Taekwondo on in the competition	Association, and on. I also assume	or the U.S. Central full responsibility for	
publicity or promotion without com	-	•	D.4			
Competitor's Signature						
If competitor is under 18 years, Sign						
! note: event does not qualify for nati Please check or circle ye		Breaking	Demo Team	(teams of 3+)		
Kyorugi (Olympic Sparring)	Olympic Sparring) Poomsae		Team Pooms	ae We	Weapons!	
Special Needs (Para):	Para Poomsae (special needs only)	Para Breaking (special needs only)	Pair Pooms	ae Dou	ible Roundhouse	
PRE-REGISTRATION & ENTRY FEE		MAKE CHECKS PAYABLE TO:				
Pre-registration received by: March 19, 2024		Oklahoma State Taekwondo Association				
\$85 for any one event		Mail to: 10801 S. Sunnylane Road				
\$30 for each additional event		Oklahoma City, OK 73160				
\$25 Late Fee at the door	E-mail to: <a href="mailto:gmwons@gmail.com">gmwons@gmail.com</a> Tel: (405) 793-0752 Fax to (405) 794-0768					
No Refunds		Tel. (403)	793-0732 Pax to	7 (403) 774-0708		
If paying by credit card:	or pay credit card	by phone by calling (4	05) 793-0752] **	VISA & Master	Card Only	
Credit Card #		Exp. Date		CVV	CVV	
Cardholder's Name			Card Type			
Cardholder's Signature						
Cardholder's Address					Zip	

\*\*\*\*\*\* Please include accurate weight for Sparring competitors. \*\*\*\*\*\*

Competitors must be a current AAU member.