



2017 AAU Girls' Super Regional Basketball Tournament Information Packet

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|---|--|
| Dates | April 1-2, 2017 5 TH , 6 TH , 7 TH , 8 TH , 9 TH , 10 TH , 11 TH , 12 TH |
| Location | Monroe-West Monroe, LA area |
| Tournament Director/Contact | Scott Bruscato/Monroe-West Monroe Convention and Visitors Bureau Post Office Box 1436 West Monroe, LA 71294-1436 800-843-1872 or 318-387-5691 E-mail: sbruscato@monroe-westmonroe.org |
| Entry Fee | Fee for AAU 2017 Super Regional (SRT) is \$300.00 . Forward the entry fee with Entry Form to address listed above. Fax Entry Form to AAU Girls' Basketball at 318-324-1752. Entries will not be accepted until money order or cashier's check is received. Money orders or cashier's checks should be made payable to Monroe- West Monroe CVB. |
| Entry Deadline | All entries must be received before March 24, 2017 |
| Rules of Play | All games must follow the AAU Girls' Basketball Handbook |
| Player Roster | Rosters must be submitted to Host before playing first game |
| AAU Membership/ Birth Certificates | All players must show their current AAU membership card and submit a copy of a legal birth certificate to the designated person at the tournament |
| Uniforms | Teams must have white and dark jerseys |
| Awards | AAU medals and trophies will be awarded to first (1) and second (2) place teams |
| Automatic Qualification | Teams that finish first (1) or second (2) in the Super Regional may qualify for the National Tournament based on the following table: Number of Teams Per Age Division 4-9 Teams = one (1) team 10 + teams = two (2) teams Teams that receive the invitation to the National Tournament MUST play in their association-qualifying tournament to retain their invitation. Teams that receive the invitation to the National tournament and are unable to participate in the District tournament must submit a documented request to the Girls Executive committee, who will determine if the team is eligible to use the invitation. If a team wins an invitation to the Nationals through the Super Regionals and also qualifies at the District qualifying tournament, then the next place team in the district tournament would receive the bid. |
| Format | All teams guaranteed a minimum of three games |



Entry Form
2017 AAU Girls Super Regional Basketball Tournament
April 1-2, 2017 - Monroe, Louisiana

Check Grade Level:
__5th Grade __6th Grade __7th Grade __8th Grade __9th Grade __10th Grade __11th Grade __12th Grade

Please Print Clearly The Following:

Team Name: _____

Coach's Name: _____

Coach's E-Mail Address: _____

Coach's Business Phone: _____

Coach's Home Phone: _____

Coach's Cell Phone: _____

Coach's Address: _____

Coach's Fax: _____

Asst. Coach's Name: _____

Asst. Coach's E-Mail Address: _____

Asst. Coach's Phone: _____

Asst. Coach's Cell Phone: _____

Team Parent Name: _____

Team Parent E-Mail Address: _____

Team Parent Phone: _____

Team Parent Cell Phone: _____

Please Fax This Form To: **318-324-1752**

To Complete The Registration, Please Mail Payment of \$300.00 to:

Monroe-West Monroe Convention and Visitors Bureau
Post Office Box 1436, West Monroe, LA 71294-1436

2017 AAU Girls Super Regional Basketball Tournament

April 1-2, 2017- Monroe, Louisiana

Team Name _____ Grade Level _____

There will be no additions to entry form after the start of your first game. There can only be a maximum of 15 athletes per team.
 (Must be filled in above, to qualify).

| Jersey # | List Players in Alphabetical Order <i>Last Name, First</i> | Complete Address | Players' Sign In At Tournament (Prior to competing) |
|----------|---|------------------|---|
| 1. | | _____ | |
| 2. | | _____ | |
| 3. | | _____ | |
| 4. | | _____ | |
| 5. | | _____ | |
| 6. | | _____ | |
| 7. | | _____ | |
| 8. | | _____ | |
| 9. | | _____ | |
| 10. | | _____ | |
| 12. | | _____ | |
| 13. | | _____ | |
| 14. | | _____ | |
| 15. | | _____ | |

Must list two adults (18 or Over) coaches per team in signing this document, I verify that as an athlete/coach, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against the Monroe-West Monroe Convention & Visitors Bureau, the tournament organization, the owner / lessor / operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said tournament.

 *Signature of Head Coach

 Signature of Assistant Coach

 Print Name of Head Coach

 Print Name of Assistant Coach

 Print Address, City, State, Zip

 Print Address, City, State, Zip

 Home Phone

 Cell

 Home Phone

 Cell