TOURNAMENT ENTRY FORM

AAU ROSTER

Name of Tournament: _____

Sponsored By: _____ Site(s): _____

Date(s) of the Event: _____

Club Name:_____ Director Name: _____

Full Address: _____

Team Name: _____ Coach Phone #: _____

Team Coach: _____ Coach's E-mail: _____

AAU Team Code: _____

Which team is this in your club? 1st 2nd 3rd 4th 5th 6th

Age Level (circle one) 18 17 16 15 14 13 12 10

ROSTER INFORMATION (Fill out the roster in full!)

HEAD COACH_____

ASST COACH_____

	PLAYER NAME	JERSEY #	POSITION	AAU #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Entry not accepted unless form is filled out in full and accompanied by the entry fee required. Forms must be signed by a team representative. All players of a team are required to be dressed in accordance with the AAU Official Rules. As team representative, I understand and acknowledge the policies in the Florida Region. I also understand and acknowledge that non-compliance with those policies may result in the rejection or disqualification of the tournament entry form request.

SIGNATURE PRINTED NAME DATE

Entry Fee: _____ Payable To: _____

Entry Deadline: _____

FOR OFFICE USE ONLY:

Date Received: _____ ACCEPTED DECLINED

Office Signature: _____