

*The Warehouse Athletic Facility* Presents  
The 2<sup>nd</sup> Annual AAU  
**BELLES SUMMER BLAST-OFF**

**Girl's Basketball Tournament**  
**Friday, May 19<sup>th</sup> –Sunday, May 21<sup>st</sup>, 2006**

**LOCATION:** 800 North Hamilton, Spokane, Washington 99202  
(Directly across from Gonzaga University)

**DIVISIONS:** Girls- 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, High School Level 1 (Elite teams) & High School Level II (non-elite & community based teams)\*\*

\*\*Please note: Players participating in high school divisions must be 18 years or younger and be currently enrolled in high school.

**ENTRY FEE:** \$200.00 (Make checks payable to The WAREHOUSE)

**GAMES:** Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Friday, May 19<sup>th</sup> and continue through Sunday, May 21<sup>st</sup>, 2006.

**AAU CERTIFICATION:** The WAREHOUSE "Belles Summer Blast-Off" basketball tournament is sanctioned by Inland Empire AAU. All participating players and coaches must have a 2006 AAU Card. For information on obtaining a membership card, please go to the Inland Empire website: [www.ieaaau.org](http://www.ieaaau.org) or by phone: (509) 453-2696. The card fee is not included in registration. All rosters will be checked; individuals without cards will result in team disqualification from the tournament.

**REGISTRATION:** Team registration form and entry fee, must be submitted by:  
**NOON Monday, May 8<sup>th</sup>, 2006.**

**Registrations and fees shall be sent to:**

**The WAREHOUSE**

**P.O. Box 9786**

**Spokane, WA 99209**

**Phone: (509) 484-2670**

**Fax: (509) 484-2669**

*Please Note:* Team roster may be modified at any time prior to the first game by written notice to the tournament director. No additions or changes will be permitted following the start of the first game. The use of a non-registered player will result in disqualification of the team for the entire tournament.

**AWARDS:** Team awards will be given for 1<sup>st</sup> and 2<sup>nd</sup> place in each division.

**REFUND POLICY:** Tournament cancellations made prior to May 8<sup>th</sup>, 2006 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after May 8, 2006. If you have any questions, please contact Katie at (509) 484-2670 or [katie@warehouseathletics.com](mailto:katie@warehouseathletics.com).

**REGISTRATION DEADLINE: NOON---MAY 8, 2006**



**Belles Summer Blast-Off 2006**  
**Friday, May 19<sup>th</sup> - Sunday, May 21<sup>st</sup>, 2006**  
**Team Registration Form**

Registration Deadline: Received by May 8, 2006

**PLEASE PRINT CLEARLY!**

Contact Person: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Coach: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Coach/Contact Email Address: **(REQUIRED)**: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ City Representing: \_\_\_\_\_

**Division (check one):** GIRLS

     4<sup>th</sup>      5<sup>th</sup>      6<sup>th</sup>      7<sup>th</sup>      8<sup>th</sup>      9<sup>th</sup>      HS Level I (Elite)      HS Level II (Non Elite)

All AAU registration numbers will be verified through your local Association. Team entries will be rejected without all information provided.

Name: Last	First	School	Jersey #	2006 AAU #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

Teams will be accepted into the tournament on a first come- first served basis. Please note: teams are considered FULLY registered when COMPLETE roster and entry fee have been received.

**Registration Payment**

**SEND REGISTRATIONS AND FEES TO:**

**The WAREHOUSE**  
**P.O Box 9786**  
**Spokane, WA 99209**  
**Phone: (509) 484-2670**  
**Fax: (509) 484-2669**

Registration Fee **\$200.00**

**Total Enclosed** \$ \_\_\_\_\_

**Payment By:** \_\_\_\_\_ Check \_\_\_\_\_ Money Order  
 \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard

Cardholder's Name \_\_\_\_\_  
 Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_