

*The Warehouse Athletic Facility* Presents  
**The 4<sup>th</sup> Annual AAU  
Thanksgiving Turkey Shoot Basketball Tournament  
November 25<sup>th</sup> -27<sup>th</sup>, 2005**

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

**DIVISIONS:** Boys & Girls, 6<sup>th</sup>-8<sup>th</sup> Grade

**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, November 25<sup>th</sup> and continue through Sunday, November 27<sup>th</sup>.

**AAU CERTIFICATION:** The WAREHOUSE "Turkey Shoot" 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, November 14, 2005.**

**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 and individual 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 November 14, 2005 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after November 14, 2005. If you have any questions, please contact Katie at (509) 484-2670 or [katie@warehouseathletics.com](mailto:katie@warehouseathletics.com).

**REGISTRATION DEADLINE: NOON---NOVEMBER 14, 2005**



## Team Registration Form

Registration Deadline: **Received by November 14, 2005**

PRINT CLEARLY PLEASE!

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

**Friday, November 25<sup>th</sup> - Sunday, November 27<sup>th</sup>, 2005**

**Division (check one):**

**GIRLS**

\_\_\_\_\_ 6<sup>th</sup> Grade Girls  
 \_\_\_\_\_ 7<sup>th</sup> Grade Girls  
 \_\_\_\_\_ 8<sup>th</sup> Grade Girls

**BOYS**

\_\_\_\_\_ 6<sup>th</sup> Grade Boys  
 \_\_\_\_\_ 7<sup>th</sup> Grade Boys  
 \_\_\_\_\_ 8<sup>th</sup> Grade Boys

All AAU registration numbers will be verified through your local Association. Team entries will be rejected without all information provided. If ordering tournament shirts, please designate size and total number of shirts ordered.

	Name: Last	First	School	Jersey #	2005 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 \_\_\_\_\_