

*The Warehouse Athletic Facility* Presents  
**The 5<sup>th</sup> Annual AAU**  
**SPRING FLING Basketball Tournament**  
**Saturday, March 24<sup>th</sup> & Sunday, March 25<sup>th</sup>, 2007**

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

**DIVISIONS:** Boys & Girls, 7<sup>th</sup>-9<sup>th</sup> Grade

**ENTRY FEE:** \$225.00 (Make checks payable to The WAREHOUSE)

**GAMES:** Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Saturday, March 24<sup>th</sup> and continue through Sunday, March 25<sup>th</sup>, 2007.

**AAU CERTIFICATION:** The WAREHOUSE AAU Spring Fling basketball tournament is sanctioned by Inland Empire AAU. All participating players and coaches must have a 2007 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 Monday, March 12, 2007.

**Please send tournament registration form and entry fee 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:** 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 March 12, 2007 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after March 12, 2007. **This refund policy will be enforced in order to ensure the continued integrity of our tournaments.** If you have any questions, please contact Katie at (509) 484-2670 or [katie@warehouseathletics.com](mailto:katie@warehouseathletics.com).

**REGISTRATION DEADLINE: MONDAY, MARCH 12, 2007**



## Spring Fling 2007 Team Registration Form

Registration Deadline: Received by March 12, 2007

**PLEASE PRINT CLEARLY!**

Contact Person: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Coach: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Coach/Contact Email Address: (REQUIRED): \_\_\_\_\_  
Coach 2007 AAU # \_\_\_\_\_  
Team Name: \_\_\_\_\_ City Representing: \_\_\_\_\_

**Saturday, March 24<sup>th</sup> & Sunday, March 25<sup>th</sup>, 2007**

**Division (check one):**

GIRLS

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

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

\_\_\_\_\_ 9<sup>th</sup> Grade Girls

BOYS

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

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

\_\_\_\_\_ 9<sup>th</sup> Grade Boys

All AAU registration numbers will be verified through your local Association. Please provide all information requested.

Name: First	Last	School	Jersey #	2007 AAU #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Assistant Coach: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

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 **\$225.00**

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

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

Cardholder's Name \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_