# HERMISTON'S "BEST OF THE WEST" 5th Annual AAU Basketball Tournament

Date & Site:	January 4 <sup>th, 5<sup>th</sup>, and 6<sup>th</sup> 2008 - Hermiston, Oregon</sup>		
Entry Deadline:	December 21, 2007 <i>Please do not hesitate to call to see if we still have openings!</i>		
Divisions:	Girls and Boys – 6 <sup>th</sup> , 7 <sup>th</sup> , and 8 <sup>th</sup> Grades		
Entry Fees:	\$200.00 Membership fees are NOT included in the entry fee. No entry fees refunded after the deadline date. <i>Make Checks Payable to:</i> BEST OF THE WEST		
Games:	All teams will play at least (4) games		
AAU Membership:	Each player and coach must have a 2008 AAU Card. Teams that do not have cards will be dropped from playing in the tournament with no refund.		
Awards:	Team awards will be given for $1^{st}$ and $2^{nd}$ place in each division if the division has 8 or more teams.		
Scorekeeper:	Each team will be required to provide one official scorekeeper.		
Refunds:	No refunds will be given after December 21, 2007.		
Roster:	The roster established for the first game will be checked and must be used throughout.		
Information:	Tamara Rowan (541) 567-4786 Cell (541) 571-0600 <u>tl_rowan@msn.com</u> Dave Rademacher (541) 567-3767 Cell (541) 571-3289		
Mail Entry to:	BEST OF THE WEST – 32301 E. Loop Rd., Hermiston, OR 97838		

Team Name:		
Contact Person:	EMAIL:	
Address:	City/State/Zip:	
Home Ph:	Cell phone:	Fax :
Coach:	EMAIL:	
Address:	City/State/Zip:	
Home Ph:	Cell phone:	Fax :
Check One:	Boys 6th gradeBoys 7th gradeBoys 8th grade	Girls 6th grade Girls 7th grade Girls 8th grade
Team rating:	Above Average	Average Weak BE PLACED IN TOP BRACKET!!

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# <u>**PAYMENT – DEADLINE December 21**<sup>st</sup></u>

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 6.\_\_\_\_\_\_

 7.\_\_\_\_\_\_

 8.\_\_\_\_\_\_

 9.\_\_\_\_\_\_

10.\_\_\_\_\_ 11.\_\_\_\_

12.\_\_\_\_\_

## Send Registration and Fees to: **Best of the West** 32301 E. Loop Rd., Hermiston, OR 97838 Info: Tamara Rowan (541) 567-4786 cell (541) 571-0600 tl rowan@msn.com

### **REGISTRATION**

**Registration Fee** 

\$200.00

#### **Total Enclosed:** \$

(\$25.00 fee will be charged on NSF checks)

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Office Use Only Check #:\_\_\_\_\_ Date Rec'd: