

Ephrata Boys AAU Basketball Tournament

December 27-28, 2008

- National Sanction:** Inland Empire District of the Amateur Athletic Union of the U.S.
- Local Sponsor:** Ephrata AAU
- Contact:** Jeff Pheasant / 509-754-3996 or 509-760-3583
Email: jpheasant@amerion.com
19474 Rd B NW Soap Lake, WA 98851
- Site:** Ephrata, WA
- Dates:** December 27-28, 2008
Registration Deadline: Postmark by December 19, 2008.
Teams are guaranteed a minimum of 4 games.
- Game Times:** Saturday & Sunday: 8:00am, 9:15am, 10:30am, 11:45pm, 1:00pm, 2:15pm, 3:30pm, 4:45, 6:00pm
- Divisions:** Boys: 6th, 7th, 8th Grade
Grade Determining Date: The grade the participant will be in 2008/2009 school year.
- Entry Fee:** \$220.00. **BUT NO ADMISSION FEES AT THE GATE.** Membership fees are NOT included in the entry fee. Any checks returned NSF will be charged a \$35.00 fee. No entry fees refunded after the deadline date. Make checks payable to: **Ephrata AAU.**
- AAU Membership:** All players and coaches must have a 2009 AAU Card. Costs are: **Player \$12.00 Coach: \$14.00.** AAU cards are valid through August 31, 2009. **Memberships can be purchased online: www.aausports.org.**
- Roster:** The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted.
- Rules:** 2008-2009 High School Federation Rules. Special Technical Foul Rule: Any technical foul or intentional foul, two points awarded and the ball out of bounds.
- Scorekeeper:** Each team is to have ONE person to keep the individual score.
- Admission:** **No Gym Admission Fees**

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2008 Team Registration Form



Division (Circle one):

Boys: 6th 7th 8th

Office Use Only

Total Paid: _____
 Check #: _____
 Name: _____
 Date Rec'd: _____

Team Name: _____

Contact Person: _____

Coach: _____

Address: _____

Coach Address: _____

City/State/Zip: _____

City/State/Zip: _____

E-mail Address: _____

Coach: AAU Card Number: _____

Phone: Home(____) _____

E-mail Address: _____

Phone: Work(____) _____

Phone: Home(____) _____

Phone: Cell(____) _____

Phone: Cell (____) _____

Asst Coach Name: _____ Email _____ Asst Coach: AAU #: _____

<u>Name (First Last)</u>	<u>08-09 Grade</u>	<u>School</u>	<u>2009 AAU Card Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Return this page completed with an entry fee of \$220.00 by **December 19, 2008**.
 Mail to: **Ephrata AAU 19474 Rd B NW Soap Lake WA, 98851.**