

16th ANNUAL WALLA WALLA YMCA SHOOTOUT



NATIONAL SANCTION: Inland Empire Amateur Athletic Union of the U.S.

LOCAL HOST: Walla Walla YMCA Basketball

SITE: Walla Walla, WA

DATES: February 13-15, 2009

GENDER/GRADES: Boys and Girls, Grades 5 through 8

ENTRY FEE: \$160.00 (MAKE CHECKS PAYABLE TO YMCA)
**\$175.00 (IF RECEIVED AFTER JANUARY 30TH)

GAMES: All teams will play at least three games

PLAYING TIMES: Friday Begin 5:30pm
(Subject to change) Saturday Begin 8:00am
Sunday Begin 8:00am

AAU MEMBERSHIP: All athletes who participate in any AAU event must have a 2008/2009 AAU Card which costs \$12.00 and may be purchased at www.aausports.org. Cards must be purchased and reported on the entry form. (All rosters will be checked. Individuals without cards will cause their team to be disqualified. The rosters are copied and mailed to the AAU regional office.)

AGE DETERMINING DATE: Grade the participant is in at the time of the tournament.

ROSTER: The roster established at the time of the first Shootout game must be used throughout the entire tournament. No additions or changes are permitted.

RULES: 7 minute quarters

AWARDS: Individual awards for players of top two teams in each division.

CONTACT: Lori Larson, (509) 525-8863, loril@wwymca.org

MAIL ENTRY TO: Walla Walla YMCA, PO Box 1637, Walla Walla, WA 99362
(Entry form and fee must be included.)

FINAL DEADLINE: ENTRIES MUST BE RECEIVED BY FEBRUARY 5TH, 2009.

***PLEASE NOTE: THIS IS A 3 DAY TOURNAMENT BEGINNING FRIDAY AT 5:30 PM.
WE ARE UNABLE TO ACCOMMODATE SPECIAL SCHEDULING REQUESTS.

WALLA WALLA YMCA SHOOTOUT

February 13th, 14th & 15th

TEAM NAME: _____

TEAM RATING: STRONG___ ABOVE AVERAGE___ AVERAGE___ BELOW AVERAGE___ WEAK___

COACH'S NAME: _____ PHONE NUMBER: (H) _____ (W) _____

ASSIST. COACH: _____ PHONE NUMBER: (H) _____ (W) _____

CONTACT PERSON: _____ PHONE NUMBER: (H) _____ (W) _____

ADDRESS: _____

(CHECK ONE) BOY'S 5TH GRADE GIRL'S 5TH GRADE
 BOY'S 6TH GRADE GIRL'S 6TH GRADE
 BOY'S 7TH GRADE GIRL'S 7TH GRADE
 BOY'S 8TH GRADE GIRL'S 8TH GRADE

NAME (FIRST)	LAST	2008-9 AAU CARD#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

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**MAIL THIS FORM AND ENTRY FEE OF \$160 (\$175 after Jan. 30th) TO:
WALLA WALLA YMCA
PO BOX 1637 WALLA WALLA, WA 99362**