

*The Warehouse Athletic Facility* Presents  
**On Summer's Edge**

**An AAU Basketball Tournament**

**Friday, May 29<sup>th</sup> – Sunday, May 31<sup>st</sup>, 2009**

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

**DIVISIONS:** Boys & Girls- 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, High School Level 1 (Elite teams) & High School Level II (non-elite & community based teams)\*\*

\*\*Please note: Players participating in high school divisions must be 18 years or younger and be currently enrolled in high school.

**ENTRY FEE:** \$245.00 (Make checks payable to The WAREHOUSE)

**GAMES:** Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Friday, May 29<sup>th</sup> and continue through Sunday, May 31<sup>st</sup>, 2009.

**AAU CERTIFICATION:** The WAREHOUSE AAU Summer's Edge basketball tournament is sanctioned by Inland Empire AAU. All participating players and coaches must have a 2009 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, May 18<sup>th</sup>, 2009.

**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 May 18<sup>th</sup>, 2009 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after May 18<sup>th</sup>, 2009. **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, MAY 18, 2009**



**On Summer's Edge 2009**

**Team Registration Form**

Registration Deadline: Received by May 18, 2009

**PLEASE PRINT CLEARLY**

Contact Person: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Coach/Contact Email Address: (REQUIRED): \_\_\_\_\_  
 Head Coach 2009 AAU # \_\_\_\_\_  
 Team Name: \_\_\_\_\_ City Representing: \_\_\_\_\_

**Friday, May 29<sup>th</sup> - Sunday, May 31<sup>st</sup>, 2009**

**Division (circle one):** BOYS GIRLS  
 \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ HS Level I (Elite) \_\_\_ HS Level II (Non Elite)

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

Player Name	School	2009 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**

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

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

Cardholder's Name \_\_\_\_\_  
 Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_