The Warehouse Athletic Facility PRESENTS "Jump the Gun" Jamboree 2010 A Pre-Season Tune-Up An AAU Certified Event Saturday & Sunday, October 16-17, 2010

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

DIVISIONS: Boys & Girls, 4th-9th Grade

COST: \$60/ game- minimum of two games- maximum of four games.

GAMES: Teams may choose to play two, three, or four games and play on <u>either Saturday</u>, <u>Sunday</u>, or both days</u>. In order to provide the most productive tune-up opportunity, we will <u>attempt</u> to place teams with opponents of similar experience and skill levels. Please indicate what best describes your team's playing level on the attached registration form. Options are Novice, Competitive, or Elite. Games will begin at approximately 8:00am Saturday morning and finish approximately 5:00pm on Saturday night.

AAU CERTIFICATION: The WAREHOUSE AAU "Jump the Gun" basketball jamboree is sanctioned by Inland Empire AAU. All participating players and coaches must have a 2011 AAU Card. For information on obtaining a membership card, please go to the Inland Empire website: <u>www.ieaau.org</u> or by phone:(509) 453-2696. The card fee is <u>not</u> included in registration. <u>All rosters will be checked</u>. Individuals without cards will result in team disqualification from the event.

REGISTRATION: Team registration form and entry fee, must be submitted by Monday, October 4, 2010:

Please send jamboree registration and fee to:

The WAREHOUSE	
P.O. Box 9786	Phone: (509) 484-2670
Spokane, WA 99209	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 event.

REFUND POLICY: Team cancellations made prior to October 4th, 2010 will receive a 75% refund of the total paid entry fee. No refunds will be given for team cancellations made after October 4, 2010. <u>This refund policy will be enforced in order to ensure the</u> <u>continued integrity of our events.</u> If you have any questions, please contact Jared at (509) 484-2670 or jared@warehouseathletics.com.

REGISTRATION DEADLINE: MONDAY, OCTOBER 4, 2010

The	
Warehouse A Competitive Athletic Facility	
A Competitive Athletic Facility	

"Jump the Gun" Jamboree 2010 Team Registration Form

Team Registration Form Registration Deadline: <u>Received by</u> October 4, 2010

PLEASE PRINT CLEARLY

Contact Person:	Cell Phone: ()	
Contact Person:Address:	City:	State:Zip:
Coach:	Cell Phone:()	
Coach/Contact Email Address: (REQUIRE	ED):	
Coach 2011 AAU #		
Team Name:	City Represen	ting:
Circle what best describes your team's of	current experience & skill lev	el: NOVICE -COMPETITIVE- ELITE
Satur	day-Sunday, Octobe	r 16-17, 2010
Division (check of		
GIRLS 4 th Grade Girls 5 th Grade Girls 6 th Grade Girls 7 th Grade Girls 8 th Grade Girls 9 th Grade Girls	BOYS 4 th Grade Boys 5 th Grade Boys 7 th Grade Boys 8 th Grade Boys 9 th Grade Boys 9 th Grade Boys fied through your local Assoc School 20 	This event is sanctioned by the Amateur Athletic Union of the U. S., Inc. All participants must have a current AAU membership. AAU membership may not be included as part of the entry fee to the event. AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connect. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership. Ciation. Provide all information requested D11 AAU #
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 <u>COMPLETE roster and entry fee</u> have been received.

		Registration Payment			
SEND REGISTRATIONS AND) FEES TO:	Games @\$60/game= \$			
The WAREHOUSE		Games on (circle one): Sat Sun Both			
P.O Box 9786		Total Enclosed \$			
Spokane, WA 99209	Payment By: _	CheckMoney OrderVISAMasterCard			
Phone: (509) 484-2670	Cardholder's Na	Cardholder's Name			
Fax: (509) 484-2669	Account No	Expiration Date			
	Signature				