



Presents

Whitworth University's Annual Youth Basketball Jamboree Sunday October 12th, 2014

LOCATION: Whitworth University, 300 W. Hawthorne, Spokane, WA 99251
AGE GROUPS: Grades 3-8 (Boys and Girls)
ENTRY FEE: \$180
ENTRY DEADLINE: *EXTENDED TO Monday, October 6th, 2014*
FORMAT: 3 Games Guaranteed

As fall approaches, it's time to once again get ready for Whitworth University's Annual Youth Basketball Jamboree!

Our goal is to provide the most productive and competitive experience for your team, thus we will attempt to place teams with opponents of similar skill level and experience.

This event is licensed 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 Youth Athlete membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection. Be Prepared: Adult and Non Athlete memberships are no longer instant and cannot be applied for at event. Please allow 10 days for membership to be processed. Participants are encouraged to visit the AAU web site www.ausports.org to obtain their membership.

Don't Delay; Get your team registered today! Please mail this flyer complete with your contact and team information, along with a check made out to **Whitworth University Men's Basketball**. We will then send you a release and roster sheet with additional information.

FOR MORE INFORMATION:

Please contact Assistant Men's Basketball Coach Damion Jablonski at 509-777-4415 or whitworthhoops@gmail.com

Thanks, and we hope to see you this October!

Coach/Contact Name: _____

Team Name: _____

Email: _____

Phone: _____

Address/City/State/Zip: _____

Grade: _____ **Gender** (circle one): Boys/Girls

Skill Level: (circle one) Novice Competitive Elite

Please send registration and make check (\$180.00) out to:

Whitworth University Men's Basketball
Attn: Youth Basketball Tournament
300 W Hawthorne Road
Spokane, WA 99251

2015 AAU Team Registration Form

Contact Person _____ Home Phone: (_____) _____

Address: _____ City/State/Zip: _____

Work Phone: (_____) _____ E-mail Address: _____

Coach Name: _____ Coach AAU Number: _____

Coach Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Team Name: _____ City Representing: _____

- Check One:**
- | | |
|--|---|
| <input type="checkbox"/> Girls 3rd Grade | <input type="checkbox"/> Boys 3 rd Grade |
| <input type="checkbox"/> Girls 4th Grade | <input type="checkbox"/> Boys 4th Grade |
| <input type="checkbox"/> Girls 5th Grade | <input type="checkbox"/> Boys 5th Grade |
| <input type="checkbox"/> Girls 6th Grade | <input type="checkbox"/> Boys 6th Grade |
| <input type="checkbox"/> Girls 7th Grade | <input type="checkbox"/> Boys 7th Grade |
| <input type="checkbox"/> Girls 8th Grade | <input type="checkbox"/> Boys 8th Grade |

Name: (First, Last)

GradeSchool

2015 AAU Card #

- | | | | |
|-----------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
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| 10. _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ |