

The Warehouse Athletic Facility
PRESENTS
“Jump the Gun” Jamboree 2015

A Pre-Season Tune-Up
An AAU Licensed Event

Saturday - Sunday, October 24-25, 2015

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

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

COST: \$70/ game- minimum of two games- maximum of four games.

GAMES: Teams may choose to play two, three, or four games and play on *either Saturday or Sunday, or both days*. In order to provide the most productive tune-up opportunity, we will attempt 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 9:00am Saturday morning and finish approximately 3:00pm on Sunday afternoon.

AAU SANCTIONING: The WAREHOUSE AAU “Jump the Gun” basketball jamboree is licensed by the Amateur Athletic Union of the U.S., Inc. All participating players and coaches must have a 2016 AAU Card. For information on obtaining a membership card, please go to the Inland Empire website: 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 event.

REGISTRATION: Team registration form and entry fee, must be submitted by Monday, October 12, 2015:

Please send jamboree registration and 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 event.

REFUND POLICY: Team cancellations made prior to October 12, 2015 will receive a 75% refund of the total paid entry fee. No refunds will be given for team cancellations made after October 12, 2015. **This refund policy will be enforced in order to ensure the continued integrity of our events.** If you have any questions, please contact Jared at (509) 484-2670 or jared@warehouseathletics.com.

REGISTRATION DEADLINE: MONDAY, OCTOBER 12, 2015

**“Jump the Gun” Jamboree 2015
Team Registration Form**
Registration Deadline: Received by October 12, 2015

PLEASE PRINT CLEARLY

Contact Person: _____ Cell Phone: (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Coach: _____ Cell Phone: (____) _____
 Coach/Contact Email Address: (REQUIRED): _____
 Coach 2016 AAU # _____
 Team Name: _____ City Representing: _____

Circle what best describes your team’s current experience & skill level: **NOVICE -COMPETITIVE- ELITE**

Saturday-Sunday, October 24-25, 2015

Division (check one):

GIRLS

- _____ 4th Grade Girls
- _____ 5th Grade Girls
- _____ 6th Grade Girls
- _____ 7th Grade Girls
- _____ 8th Grade Girls
- _____ 9th Grade Girls

BOYS

- _____ 4th Grade Boys
- _____ 5th Grade Boys
- _____ 6th Grade Boys
- _____ 7th Grade Boys
- _____ 8th Grade Boys
- _____ 9th Grade Boys

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

	Name: First	Last	School	2016 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

_____ Games @\$70/game= \$ _____

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 _____ CVV # _____