



28th Annual Selah Invitational Tournament

June 22 - 24



School _____

2000-2001 League designation A AA AAA

Division: **Boys** **Girls**
 Junior Varsity Junior Varsity
 Varsity Varsity

Contact Person: _____

Address: _____

Phone Numbers: _____

Coach, if different from above: _____

Phone number: _____

First Name	Last Name	Ht.	Grade	AAU#
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1. _____	_____	_____	_____	_____
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9. _____	_____	_____	_____	_____
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10. _____	_____	_____	_____	_____
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11. _____	_____	_____	_____	_____
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12. _____	_____	_____	_____	_____
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TEAM NAME _____
GRADE DIVISION _____
COACHES NAME _____
AAU MEMBERSHIP NUMBER _____
ADDRESS _____
CITY/STATE _____ ZIP _____
PHONE _____ / _____ / _____
HOME WORK FAX

Please send entry fee and roster by June 10th to:

Kathy Pratt
1 No. 12th St
Selah, WA 98942