



OFFICIAL ENTRY FORM

2010 NORTHEAST GIRLS SUPER REGIONAL
AAU NATIONAL QUALIFIER TOURNAMENT



LOCATION: SPORTS ZONE, DERRY NH

AGE DIVISIONS: 11U, 12U, 13U, 14U, 15U, 16U AND OPEN

EVENT DATES: MAY 22-23 2010

"DEADLINE FOR REGISTRATON: 8 MAY, 2010"

TOURNAMENT COST: \$400

MAKE PAYMENT:

NORTHEASTERN LADY PANTHERS,
P. O. BOX 1148, LOWELL MA 01853

- *POOL PLAY (GUARANTEED THREE GAMES), SINGLE ELMINIATION*
- *TROPHIES (1ST AND 2ND) AND MEDALS (1ST-4TH PLACE)*
- *QUALIFY FOR THE AAU NATIONAL CHAMPIONSHIPS*

TEAM NAME _____ CLUB NUMBER _____

CIRCLE YOUR AGE---SELECT ONE AGE GROUP AND DIVISION

DIVISION 1 11U 12U 13U 14U 15U 16U OPEN

DIVISION 2 11U 12U 13U 14U 15U 16U OPEN

COACHES INFORMATION

NAME OF HEAD COACH: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL _____

EMAIL ADDRESS _____ AAU Membership # _____

NAME OF ASSISTANT COACH: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL _____

EMAIL ADDRESS _____ AAU Membership # _____

**2010 AAU NATIONAL GIRLS' BASKETBALL
SUPER REGIONAL TOURNAMENT**

Tournament Information Flyer

QUALIFY FOR NATIONALS



- DATES:** May 22-23, 2010 – AAU SANCTION:
- LOCATION:** SPORTS ZONE DERRY, NH
- AGE DIVISIONS:** 11U thru 16U Juniors
- TOURNAMENT DIRECTOR:** RICKY OLIVER
P.O. BOX 1148
LOWELL, MA 01853
- ENTRY FEE:** Fee for 2010 Super Regional (SRT) is \$400. Forward the entry fee with Entry Form to address listed above. Entries will not be accepted until Money orders/cashier's check & roster is received. Money Orders/Cashier's Checks should be made payable to: NORTHEASTERN LADY PANTHERS
- ENTRY DEADLINE:** REGISTRATION CUTOFF DATE: 8 MAY 2010
- RULES OF PLAY:** All games will follow the AAU Girls' Basketball Handbook (NCAA).
- PLAYER ROSTER:** TEAM ROSTER IS TO BE SUBMITTED WITH PAYMENT
FINAL Rosters MAY BE updated up to the playing of the FIRST game.
- AAU MEMBERSHIP/
BIRTH
CERTIFICATES:** All players must show their current AAU membership card and a copy of a legal BIRTH CERTIFICATE to the designated person at the tournament check-in table.
- UNIFORMS:** Teams must have WHITE and dark jerseys
- AWARDS:** AAU medals will be awarded to first (1) and second (2) place teams.
- AUTOMATIC
QUALIFICATION:** Teams that finish first (1) or second (2) in the Super Regional may qualify for the National Tournament based on the following table:
NUMBER OF TEAMS PER AGE DIVISION
4 - 9 teams = one (1) team
10 + teams = two (2) teams
Teams that receive the invitation to the National tournament **MUST** play in their District Qualifying Tournament (DQT) to retain their invitation. Teams that receive the invitation to the National tournament and are unable to participate in the District tournament must submit a documented request to the Girls Executive committee, who will determine if the team is eligible to use the invitation. If a team qualifies to the D-I National Championship either through the SRT or DQT, then the next

highest finishing team in the subsequent tournament would receive the bid.
In an SRT no team that finishes below fourth place may advance from that SRT.

**CHAMPIONSHIP
TEAMS:**

Teams that receive an invitation from the Super Regional Tournament to the National championship tournament **MUST** make sure that the **Tournament Director** forwards Birth Documents and roster sheet to the Super Regional Administrator no later than **10 DAYS** after conclusion of the Super Regional.

Failure to do so may nullify your invitation.

Please make sure you declare which age and division (**Div 1 or Div 2**) you are playing for on the roster and sign-in sheet.

- **Send Entry Form and Fees to:**
NORTHEASTERN LADY PANTHERS, P. O. BOX 1148, LOWELL MA 01853
- **You will not be entered into tournament without a completed Entry Form and the proper entry fee.**
- **All Entry Forms and Checks for All Age Groups Must Be Received by 8 May 2010**
- **Make Check or Money Order Payable to: NORTHEASTERN LADY PANTHERS.**
- **This event is sanctioned by the Amateur Athletic Union of the U. S., Inc.**
- **All participants must have a current AAU membership.**
- **AAU membership is 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.



**INTENT TO PARTICIPATE
AAU GIRLS BASKETBALL
SUPER REGIONAL NATIONAL QUALIFYING EVENT
NEAAU ~ NORTHEAST SUPER REGIONAL, DERRY, NH**

Please check age group and either Div 1 or Div 2 Level of competition. ONE FORM PER TEAM

11U _____ 12U _____ 13U _____ 14U _____ 15U _____ 16U Jrs _____

Div. I _____ **Div. II** _____

PLEASE PRINT VERY CLEARLY THE FOLLOWING:

TEAM NAME _____

COACH'S NAME _____

E MAIL ADDRESS _____

BUSINESS PHONE # _____

HOME PHONE # _____

CELL PHONE # _____

ADDRESS _____

FAX NO. _____

ASST. COACH NAME _____

E MAIL ADDRESS _____

ASST. COACH PHONE # _____

CELL PHONE # _____

TEAM PARENT NAME _____

E MAIL ADDRESS _____

TEAM PARENT PHONE # _____

CELL PHONE # _____



2010 AAU SUPER REGIONAL – NEW ENGLAND/NEAAU

AAU Club Name _____ AAU Club # _____ Age Group _____ Div. I or II _____
 There will be no additions to entry form after the start of your first game. There can only be a maximum of 15 athletes per team. (Must be filled in above, to qualify)

List Players in Alphabetical Order Last Name First	Date of Birth	Jersey #	Complete Address	AAU Number	Player s Sign In At Tournament (Prior to competing)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*Must List Two Adult (18 or Over) Coaches Per Team In signing this document, I verify that as an athlete/coach, I am a registered AAU amateur athlete/coach, according to the AAU By-Laws, and that in consideration of your accepting my entry, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against the Amateur Athletic Union, the tournament organization, the owner/lessor/operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said tournament. Held under the Sanction of the **Florida** District of the Amateur Athletic Union of the United States.

 *Signature of Head Coach

 Signature of Assistant Coach

 Print Name of Head Coach and AAU Number

 Print Name of Assistant Coach and AAU Number

 Print Address, City, State, Zip

 Print Address, City, State, Zip

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Work Phone _____ Email _____

Work Phone _____ Email _____