



ENTRY PACKET
2015 AAU Tackle Football
Pre-Season National Kick Off
Divisions: 8U – 10U – 12U

- Locations:** Scott Field Mills HS
6700 H St. 1205 e Dixon Rd
Little Rock, AR 72205 Little Rock, AR 72206
- Dates:** **August 8 – 9, 2015**
- Age Divisions:** 8U, 10U, 12U - age determination date of August 1st, 2015. Athletes may only play in one age group and only on one team.
- Roster Limits:** Teams shall be compromised of a maximum of thirty five (35) athletes and five (5) coaches. No athlete may play on more than one (1) team.
- Entry Fee:** **\$150.00 per team.** All fees are non-refundable. All participants must be current AAU members.
- Entry Deadline:** All registration materials must be received no later than **Aug 1st, 2015**. Registration materials include: Entry Fee, Tournament Rosters (with AAU Membership), **Age Verification Documents**, individual entry forms for each player, and a Team Photo. Teams will be accepted on a first come first serve basis until the event is full. Entry fees must be in the form of either a cashier's check or money order made payable to: **Arkansas AAU Football**. **No personal checks or cash will be accepted.** The entry fee and forms must be sent to the following address:
- Reggie Swinton**
P.O. Box 30102
Little Rock, AR 72260
- Rules:** The AAU Tackle Football National Championships will follow AAU Tackle Football Rules. These rules are posted on line at www.aaufotball.org
- Competition Format:** Competition will be held in a pool play then single elimination bracket format. All pool play and bracket games will be played as "half-games." This means that the game will only last two (2) quarters, but will have a brief halftime between the quarters. The championship **games** will be between the two teams left in the single elimination bracket, and each will be a full four (4) quarter game. All teams will be guaranteed a minimum of two (2) pool play games during the competition. **The format of the tournament is subject to change based on the number of entries.**
- Awards:** AAU National Championship Medals will be awarded to the final four (4) teams in each age division. Team Trophies will be awarded to the Champion and Runner-Up teams in each age division.
- Check In:** Check in will take place on **August 7th, 2015 from 5PM – 7PM** at:

The Crown Plaza Suites by Marriott
12 Crossing Ct
Little Rock, AR 72205

(501) 375-2100 – http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Reggie%20Swinton%20Preseason%20Clasic%5Elitts%60rsprspa%7Crsprspb%6090.00%60USD%60false%608/7/15%608/9/15%607/24/15&app=resvlink&stop_mobi=yes

Coaches Meeting: A mandatory coaches meeting will take place on August 7, 2015 at the Crown Plaza at 9 P.M.

Host Hotel: The Crown Plaza Suites by Marriott
12 Crossing Ct
Little Rock, AR 72205

Transportation: Participants and spectators are responsible for their own transportation to and from all activities, events, and hotels.

Security: All 2015 AAU Tackle Football Pre-Season National Kick Off facilities maintain the right to search any bags, backpacks, purses, jackets, etc. throughout the duration of the 2015 AAU Tackle Football Pre-Season National Kick Off.

Admission Fee: \$7 for ages 5 and over

No Guarantee: The AAU cannot and does not guarantee the appearance and/or participation of specific participant(s) and/or teams (as applicable) in this event. The AAU has sanctioned (approved) this Event as an official AAU Event (competition), but the AAU is not and shall not be responsible for any participant's or spectator's expenses related to this Event (nor reimbursements for the same) in case of dissatisfaction of any participant, friend, family, or spectator, this includes, but is not limited to all travel, hotel (lodging), food, entry fees and/or any other expenses related to the event.

Tournament Director:

Reggie Swinton
501-413-6700

reggieswinton@email.com

2014 AAU TACKLE FOOTBALL PRE-SEASON NATIONAL KICK-OFF

OFFICIAL TEAM ROSTER

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

DIVISION: ☐ 8 & Under ☐ 10 & Under ☐ 12 & Under ☐ 14 & Under

TEAM NAME: _____

HOTEL STAYING AT: _____

JERSEY #		NAME (ALPHABETICAL ORDER)			DATE OF BIRTH	GRADE FALL 2014	2013-2014 AAU Membership Number
LIGHT	DARK	LAST	FIRST	MI			
		1.					
		2.					
		3.					
		4.					
		5.					
		6.					
		7.					
		8.					
		9.					
		10.					
		11.					
		12.					
		13.					
		14.					
		15.					
		16.					
		17.					
		18.					
		19.					
		20.					
		21.					
		22.					
		23.					
		24.					
		25.					
		26.					

JERSEY #		NAME (ALPHABETICAL ORDER)			DATE OF BIRTH	GRADE FALL 2014	2013-2014 AAU Membership Number
LIGHT	DARK	LAST	FIRST	MI			
		27.					
		28.					
		29.					
		30.					
		31.					
		32.					
		33.					
		34.					
		35.					

1) Head Coach Name: _____ **Cell Phone:** _____ **Work Phone:** _____

2013 – 2014 AAU Non-Athlete Membership Number: _____ **E-mail:** _____

2) Assistant Coach Name: _____ **Cell Phone:** _____ **Work Phone:** _____

2013 – 2014 AAU Non-Athlete Membership Number: _____ **E-mail:** _____

3) Assistant Coach Name: _____ **Cell Phone:** _____ **Work Phone:** _____

2013 – 2014 AAU Non-Athlete Membership Number: _____ **E-mail:** _____

4) Assistant Coach Name: _____ **Cell Phone:** _____ **Work Phone:** _____

2013 – 2014 AAU Non-Athlete Membership Number: _____ **E-mail:** _____

5) Assistant Coach Name: _____ **Cell Phone:** _____ **Work Phone:** _____

2013 – 2014 AAU Non-Athlete Membership Number: _____ **E-mail:** _____

Team Website Address: _____



2014 AAU TACKLE FOOTBALL
PRE-SEASON NATIONAL KICK-OFF
INDIVIDUAL ATHLETE FORM



PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

DIVISION: ☐ 8 & Under ☐ 10 & Under ☐ 12 & Under

INSTRUCTIONS:

1. Read all entry information before completing this document.
2. Make copies of this individual athlete form as needed.
3. Complete all areas and provide all requested information. **Failure to complete all areas of this form will delay the processing of your team's entry.**
4. Be sure to attach a current photo to each athlete's individual form.
5. Send this completed entry form for each athlete, along with your entry packet.

ATTACH
CURRENT
PHOTO HERE

COMPLETE ALL AREAS BEFORE SUBMITTING

TEAM NAME: _____

ATHLETE'S FIRST NAME: _____ MI: _____ LAST NAME: _____

STREET ADDRESS (APARTMENT/BUILDING/UNIT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE INCLUDING AREA CODE: _____

2013-2014 AAU MEMBERSHIP NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

2014 GRADE: _____ HEIGHT: _____ WEIGHT: _____

NAME OF SCHOOL ATTENDED: _____

CITY OF SCHOOL ATTENDED: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

HOTEL (HOUSING) IN LITTLE ROCK, AR: _____

ATHLETE'S SIGNATURE: _____

TOURNAMENT USE ONLY

DO NOT SIGN BEFORE REGISTRATION

ATHLETE'S SIGNATURE UPON CHECK-IN:
