2020 Amateur Athletic Union

JUNIOR OLYMPICS

Corona, CA

Location: Corona Inline - 4325 Prado Rd #101 - Corona, CA 92880


Block Schedule

Friday, June 26 - Tuesday, June 30, 2020: 8U, 12U, 16U, Mens and Womens (Mens and Womens only on the weekend)

Tuesday, June 30 - Friday, July 3, 2020: 6U, 10U, 14U, 18U, 23U

Competition: Format of Play: A POOL PLAY SYSTEM WILL BE USED:
Youth divisions 10U - 18U guaranteed (5) games 6U, 8U, Mens & Womens Division (Minimum 4 games)

Playing Rules: Playing rules shall be the official rules of USA Roller Sports (the NGB for Inline Hockey), for the current year except where modified by AAU Inline Hockey rules. USA Roller Sports/AAU certified officials will be assigned to the event with the national official’s chair overseeing the competition.

Entry Deadline: Friday, June 5th @ 6:00PM Pacific Time. THE TEAM ENTRY FEE MUST BE RECEIVED BY THIS DATE! If not, your team may be removed and a team will be added from the waiting list.

Hotel Info: Specially priced accommodations are available through Get Sports. (888) 877-4443; opt 3. Mon-Fri 7:30am - 5:00pm

Entry Fee: $895 by 6/05/20 for youth teams (10U through 18U); $795 by 6/05/20 for 6U, 8U, Mens and Womens divisions. $100 late fee enforced beginning 6/06/20.

Payment: Register and pay online at http://aauinline.rsportz.com/ or submit the attached payment authorization form by the required deadline.

AAU Membership: All athletes and coaches must be current AAU members. AAU membership numbers must be entered on the team roster. Join directly on the AAU website
at www.aauhockey.org. Be prepared; Adult and Non-Athlete memberships are no longer instant and cannot be applied for at the event. Please allow up to 10 days for membership to be processed.

Skills Competition: Skills competitions for 8U - 16U players will be scheduled within their specific block schedule. Skills offered will be fastest skater, hardest shot, shootout, top goalie and king of the rink. Skills entry fee is $25 per player, per event. Signups can be done online or at the rink during the event.

If you have further questions, please contact:

Keith Noll - Tournament Host
715-231-4000 or 715-829-2346
slapshot@wwt.net

Jeanie Barrett - Tournament Coordinator / Team USA
Jeaniebarrett2012@yahoo.com
2020 AAU Junior Olympics Club & International Divisions
Team Entry Form

TEAM NAME: __________________________________________________________

Team Qualifying Event: __________________________________________________

Competition Level: AAA / AA / A (circle one)

Age Division (Check One):

6U  8U  10U  12U  14U  16U  18U  23U
Men’s Gold  Men’s Silver  Men’s Bronze  Men’s Masters (35 & up)
Women’s Gold  Women’s Silver  14U Girls  18U Girls

Team Manager: __________________________________________________________

Cell Phone at event: _____________________________________________________

Approved Hotel __________________________________________________________

COACHES INFORMATION

1) Head Coach  Address  City  State  Zip

   Home #  Work #  Email  AAU Membership #

2) Asst. Coach  Address  City  State  Zip

   Home #  Work #  Email  AAU Membership #

3) Asst. Coach  Address  City  State  Zip

   Home #  Work #  Email  AAU Membership #
**TEAM ROSTER FORM**

2020 AAU-USARS Junior Olympics & International Youth Cup

Team Name: __________________________ Division: ________________________

Coach: ___________________________ AAU #: ________________________

Asst. Coach: ___________________________ AAU #: ________________________

Asst. Coach: ___________________________ AAU #: ________________________

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Coach/Manager Signature: ____________________________________________ Date: __________

8U born on or after 01/01/2011, 10U born on or after 01/01/2009, 12U born on or after 01/01/2007,
14U born on or after 01/01/2005, 16U born on or after 01/01/2003,
18U born on or after 01/01/2001, 23U born on or after 01/01/1996
Girls playing in boys divisions receive 1 year in the 6U, 8U & 10U and 2 years in the 12U division and up.
Instructions:
1. Complete form; sign where indicated and submit by mail or fax
2. PAYPAL option for payment will be posted soon

Submit to:
Team USA Hockey Club
2409 Stout Road Suite #1
Menomonie, WI 54751
715-231-4004 fax
or email to slapshot@wwt.net

Team Name / Age Division: ____________________________________________

Cardholder Name: ____________________________________________________

Email Address: _______________________________________________________

Telephone #: ___________________________________ Cell Phone #: ____________

I authorize a charge against my credit card in the following amount: $_________

Full payment $895 by 6/05/20
6U, 8U, Men’s Gold, Silver, Bronze, Masters & Women’s Gold & Silver $795

Credit Card (check one) ( ) MC ( ) Visa ( ) Discover ( ) American Express

Card Number: _______________________________________________________

Expiration Date: ______________ Security Code: _________________________

Billing Address (where credit card statements are sent):
____________________________________________________________________

Cardholder Signature: ____________________________ Date: ________________

No Refunds after 6/05/20.....No registrations after 6/21/20