2020 Amateur Athletic Union
JUNIOR OLYMPICS
Corona, CA

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


Block Schedule

Wednesday, June 24 - Saturday, June 27, 2020: 8U, 12U, 16U, Mens and Womens


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
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

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# 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.
2020 AAU-USARS Junior Olympics - Inline Hockey
Credit Card Authorization Form

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