

**2009 AAU National Girls' Basketball**  
**Super Regional Championship**  
*Tournament Information Flyer*

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**COME QUALIFY FOR NATIONALS!**

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- DATES:** March 6<sup>th</sup> – 8<sup>th</sup>, 2009
- LOCATION:** Hampton, VA
- DIVISIONS OF PLAY:** 10U, 11U, 12U, 13U
- TOURNAMENT DIRECTOR/CONTACT:** Willie Brown, Boo Williams Summer League  
757-851-8013 (H), wekpbrown@aol.com
- ENTRY FEE:** Entry fees for this Super Regional Championship is **\$300**.  
**CASHIER'S CHECKS OR MONEY ORDERS ONLY !**  
Forward **\$300** entry fee with Entry Form to host:  
**Boo Williams Summer League**  
26 West Taylor Ave  
Hampton, VA 23663  
Cashier's Checks/Money Orders should be made payable to: *BWSL*  
Entries will **NOT** be accepted until money order or cashier's check is received.
- ENTRY DEADLINE:** All entries **MUST BE RECEIVED BY February 20<sup>th</sup>, 2009**
- RULES OF PLAY:** All games will follow the AAU Girls' Basketball Handbook (NCAA).
- PLAYER ROSTER:** Rosters must be submitted to Host by entry deadline.
- AAU MEMBERSHIP/  
BIRTH CERTIFICATES:** All athletes and all four (4) non-athletes on the bench must hold a current membership in the AAU. Host will check for proof of AAU Membership at registration. Any athlete or coach without acceptable proof of membership will be required to purchase membership at the site to participate. Age verification will be completed by checking a copy of each player's legal birth certificate at registration.
- UNIFORMS:** Teams must have **WHITE** and **DARK** Jerseys. The home team shall wear white jerseys, and the visiting team shall wear dark jerseys.
- AWARDS:** AAU medals will be awarded to first (1<sup>st</sup>) and second (2<sup>nd</sup>) place teams.

**AUTOMATIC BIDS:**

Teams that finish first (1<sup>st</sup>) or second (2<sup>nd</sup>) 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 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.

Super Regional Administrator  
Jan Bruce  
3758 Tomley Drive SW  
Roanoke, VA 24018  
540-989-4374 Fax  
[aaujan@aol.com](mailto:aaujan@aol.com)

- *Please make sure that you declare which age and division you are playing for on the roster and sign-in sheet.*

**HOUSING:**

**Best Western: 1809 Coliseum Dr., Hampton, VA 23666  
Phone: 757-838-5011 Press 2 Contact: George Moss**

**FACILITIES/  
LOCATIONS:**

**Boo Williams Sportsplex: 5Armstead Point Pkwy Hampton VA  
Phone: 757-825-0253**

# ENTRY FORM

## 2009 AAU National Girls' Basketball Super Regional Championship March 6<sup>th</sup> – 8<sup>th</sup>, 2009

**DEADLINE FOR ENTRY:** February 20<sup>th</sup>, 2009

**HOSTED BY:** Boo Williams Summer League

**TEAM NAME** \_\_\_\_\_

**AAU DISTRICT** \_\_\_\_\_

Circle your age/grade division:

8U    9U    **10U**    11U    12U    13U    14U    15U    16U    JR Boys    SR Boys

### COACHES INFORMATION

**NAME OF HEAD COACH :** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ **PAGER #** \_\_\_\_\_

**NAME OF ASSISTANT COACH/CONTACT PERSON :** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ **PAGER #** \_\_\_\_\_

**SEND FORM (A) WITH \$300 ENTRY FEE BY FEDERAL EXPRESS ONLY TO:**

**Boo Williams Summer League  
26 West Taylor Ave  
Hampton VA 23663**