## TEAM ENTRY FORM

TEAM NAME		CITY	& STATE			<del> </del>
<u>DIVISION CLASSIFIC.</u>	ATION: (PLEASE CIRC	LE) ELITE CO	OMPETITIVE	RECREATI	ON	
<u>AGE DIVISION:</u> (PLE	ASE CIRCLE) (6U &	8U ELITE, 18U ELIT	e, 21u, and	GIRLS' DIVISIO	ONS ARE OPE	EN DIVISIONS)
	U 12U 14U 16U 18 ND SILVER DIVISIONS:				BU	
TEAM CONTACT		CELL#		EMAIL_		
		COACHES IN	FORMATION	<u>1</u>		
1)						
HEAD COACH	ADI	DRESS		CITY	STATE	ZIP
CELL # 2)	HOME #	EMAIL			AAU MEM	MBERSHIP#
COACH	ADI	DRESS		CITY	STATE	ZIP
CELL # 3)	HOME #	EMAIL			AAU MEN	MBERSHIP #
COACH	ADDRESS		CITY	STATE	ZIP	
CELL # 4)	HOME #	EMAIL			AAU MEN	MBERSHIP #
COACH	ADDRESS		CITY	STATE	ZIP	
CFLL#	HOME #	FMAII.			AALLMEN	MBFR SHIP #

ROSTER FORM	
TEAM NAME:	
REGIONAL OR EVENT QUALIFIED AT:	

#	LAST NAME, FIRST NAME	F-D-G	ADDRESS	CITY, STATE, ZIP

(THIS IS TO BE INITIALED AT CHECK-IN.)

I certify that the above roster is accurate as listed and meets the requirements outlined in the entry packet. \_\_\_\_\_

### INDIVIDUAL ENTRY FORM

#### PLEASE FILL OUT COMPLETELY AND LEGIBLY!!!

•	TEAM NAME		
•	DIVISION_		
•			
	LAST	FIRST	(MI)
•			
	STREET ADDRESS	CITY	STATE
•	HOME TELEPHONE NUMBER	AAU MEMBERSHI	P # (REQUIRED)
•			
	DATE OF BIRTH	EMAIL ADD	RESS

### CREDIT CARD AUTHORIZATION FORM

**INSTRUCTIONS:** 

	- COMPLETE FORM	
	<ul> <li>SIGN WHERE INDICATED</li> </ul>	
	- SUBMIT BY MAIL OR FAX	
	CARDHOLDER NAME	
	EMAIL ADDRESS:	
	DAYTIME TELEPHONE	
	I AUTHORIZE A CHARGE AGAINST MY CREDIT CARD IN THE FOLLOWI	NG AMOUNT: \$
	CREDIT CARD (CHOOSE ONE: ( ) MASTERCARD ( ) VISA ( ) DISCO	OVER ( ) AMERICAN EXPRESS
	CARD NUMBER	
	EXPIRATION DATE	
	BILLING ADDRESS (WHERE CREDIT CARD STATEMENTS ARE SENT):	
CAI	ARDHOLDER SIGNATURE	DATE

# TEAM HOTEL INFORMATION

PLEASE GO TO <u>HTTP://ONLINE.VISITDETROIT.COM/CONVEN</u>
TIONS TO MAKE YOUR RESERVATIONS.
TEAM NAME
DIVISION
DATE OF STAY
NUMBER OF ROOMS PER GROUP
HOTEL
ADDRESS
PHONE # OF HOTEL