

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

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**COME QUALIFY FOR NATIONALS !**

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- DATES:** March 21<sup>st</sup> – March 22<sup>nd</sup>, 2009
- LOCATION:** **Wilmington, DE**
- DIVISIONS OF PLAY:** 12U/6<sup>th</sup>, 13U/7<sup>th</sup>, 14U/8<sup>th</sup>
- TOURNAMENT DIRECTOR/CONTACT:** **Rosaline Snyder, Delaware Elite, Inc.**  
(302) 521-7859 (C), (302) 282-5222 (W), [rrsnyder1@yahoo.com](mailto:rrsnyder1@yahoo.com)
- AGE DETERMINING DATE:** September 1, 2009. **Exception:** See rules at [www.aauboysbasketball.org](http://www.aauboysbasketball.org) on Grade Exceptions.
- ENTRY FEE:** Entry fees for this Super Regional Championship is **\$300**.  
**MAKE CASHIER'S CHECKS OR MONEY ORDERS ONLY !**  
Forward **\$300** entry fee with **FORM (A)** to host:  
**Delaware Elite, Inc.: PO Box, 2112, Wilmington, DE 19899**  
Fax **FORM (B)** to: AAU Boys' Basketball at 407-934-7242.
- ENTRY DEADLINE:** All entries **MUST BE RECEIVED BY March 13<sup>th</sup>, 2009**
- GAME GUARANTEE:** Each team will receive a 3 game guarantee. **Please note; your team's 3<sup>rd</sup> game may be in pool play or the first round of bracket play!**
- RULES OF PLAY:** This event will follow all AAU Boys' Basketball rules as outlined in the 2009 AAU Boys' Basketball Handbook. Go to [www.aauboysbasketball.org](http://www.aauboysbasketball.org) to obtain a copy!  
**AAU Super Regional Rule Modifications:** (1) minimum recovery time is one game; (2) officials can work a maximum of four games in one day.
- PLAYER ROSTER:** **ROSTERS MUST BE SUBMITTED ONLINE THROUGH THE AAU BOYS' BASKETBALL ENTER TEAM ROSTER SYSTEM FOUND AT: [www.aauboysbasketball.org](http://www.aauboysbasketball.org).** Rosters need to be submitted online by the entry deadline.  
**Please review the 2009 AAU Boys' Basketball Handbook! Roster limitations are found in the Appendix!**
- AAU MEMBERSHIP:** All athlete's and all four (4) non-athlete's on the bench must hold a current membership in the AAU. Host will check for proof of AAU Membership at registration by using the online roster system. Any athlete or coach without acceptable proof of membership will be required to purchase membership at the site to participate.
- UNIFORMS:** **Teams competing in the AAU National Boys' Basketball Super Regional Championship tournaments must have white and dark jerseys.** The visitors shall wear dark jerseys and the home shall wear white.

**AWARDS:** AAU medals and trophies will be awarded to the first and second place teams in each age/grade division held.

**PLAY STARTS:** March 21<sup>st</sup>, 2009

**PLAYING VERIFICATION:** Coaches are responsible for Birth Documents and Grade Exception Forms as defined by the AAU Boys Basketball Handbook. You will need to show these documents, upon request, to the designated representative of the National Boys' Basketball Committee. **The National Eligibility Committee has sole authority to rule on eligibility.**

**AUTOMATIC BIDS:** The teams that finish first, second, third or fourth in a Super Regional may receive a bid to the same age/grade division National Championship based upon the following:

**NUMBER OF TEAMS PER AGE DIVISION IN SUPER REGIONAL**

3 Teams	– One (1) bid
4-6 Teams	– Two (2) bids
7-9 Teams	– Three (3) bids
10 or more Teams	- Four (4) bids

Teams that receive an invitation (Bid), from the Super Regional Championship to the National Championship shall participate in their District Championship to validate their automatic bid. If a team receives an invitation (Bid), but is unable to participate in their District Championship, they must submit a written request stating the reason(s) they were unable to participate. **The AAU Boys' Basketball Committee will determine if the team is eligible to use their bid.**

If a team receives a Super Regional Bid and an District Championship Bid, the team has the choice of determining which bid it shall use to advance to the Division I National Championship. Please note that a District Championship bid will be seeded higher at Nationals than a Super Regional Bid. If the team chooses the District Championship Bid, the Super Regional Bid reverts to the Super Regional and rolls down to the next highest placing team without a bid (not to roll down below 4<sup>th</sup> place).

**HOUSING:** **Sheraton Suites: 422 Delaware Avenue, Wilmington, DE 19801**  
**Phone: (302) 654-8300**

**Courtyard by Marriott: 1102 West Street, Wilmington, DE 19801**  
**Phone: (302) 429-7600**

**Double Tree Wilmington: 700 North King Street, Wilmington, DE 19801**  
**Phone: (302) 655-0400**

**FACILITIES/ LOCATIONS:** **Wilmington PAL: 3707 North Market Street, Wilmington, DE**  
**Phone: (302) 764-6170**

# ENTRY FORM (A)

## 2009 AAU National Boys' Basketball Super Regional Championship

TOURNAMENT DATE: March 21<sup>st</sup> – March 22<sup>nd</sup>, 2009

DEADLINE FOR ENTRY: March 13<sup>th</sup>, 2009

HOSTED BY: Delaware Elite, Inc.

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

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

Circle your age/grade division:

12U/6<sup>th</sup>   13U/7<sup>th</sup>   14U/8<sup>th</sup>

### 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 TO:

Delaware Elite, Inc.  
C/o Rosaline Snyder  
PO Box 2112  
Wilmington, DE 19899

I confirm that I have faxed Entry Form (B) to the AAU National Headquarters at 407-934-7242.

Please sign to confirm your fax was sent: \_\_\_\_\_

# ENTRY FORM (B)

## 2009 AAU National Boys' Basketball Super Regional Championship

### VERIFICATION OF ENTRY

FAX FORM (B) TO:

**AAU Boys' Basketball**

**407-934-7242**

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

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

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

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

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

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

List the **FEDERAL EXPRESS TRACKING NUMBER** which was used to send your verification of **ENTRY FORM (A)** to the Hosting Organization \_\_\_\_\_