

2005 AAU National Boys' Basketball
Super Regional Championship
Tournament Information Flyer

COME QUALIFY FOR NATIONALS !

- DATES:** April 1st – April 3rd, 2005
- LOCATION:** Baltimore, MD
- DIVISIONS OF PLAY:** 15U/9th
- TOURNAMENT CONTACT:** Joyce Venable-Fountain, 410-499-5697 or 410-396-6750
Joycevenable@hotmail.com
- AGE DETERMINING DATE:** September 1, 2005. **Exception:** See rules at 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:

Cecil-Kirk Athletic Council, 2244 Cecil Ave., Baltimore, MD 21218

Fax **FORM (B)** to: AAU Boys' Basketball at 407-934-7242.
- ENTRY DEADLINE:** All entries **MUST BE RECEIVED BY THURSDAY, MARCH 10TH, 2005**
- GAME GUARANTEE:** Each team will receive a 3 game guarantee. **Please note; your team's 3rd 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 2005 AAU Boys' Basketball Handbook. Go to 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 TURNED INTO THE HOST/TOURNAMENT DIRECTOR PRIOR TO TEAMS FIRST GAME.
Please review the 2005 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. 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: April 1st, 2005, 6:00 p.m.

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

3-5 Teams	– One (1) bid
6-8 Teams	– Two (2) bids
9-24	– Three (3) bids
25-47	- 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 4th place).

CHAMPIONSHIP TEAMS: Teams that receive an invitation (Bid) from a Super Regional Championship to the National Championship, must forward Birth Documents and Grade Exception forms to the AAU National Office no later than **10 DAYS** after the conclusion of the event. Failure to do so may nullify your bid. **Fax to 407-934-7242!**

HOUSING:

Days Inn – Towson	Rate: \$ + tax per night
8801 Loch Raven Blvd.	Contact: Kathy Cochran
Towson, MD 21286	Phone: 410-882-0900
Must say you are with the AAU Super Regional Tournament	

Ramada Inn – Towson	Rate: \$ + tax per night
8712 Loch Raven Blvd.	Contact: Pat
Towson, MD 21286	Phone: 410-823-8750
Must say you are with the AAU Super Regional Tournament	

FACILITIES: TBA

ENTRY FORM (A)

2005 AAU National Boys' Basketball Super Regional Championship

DEADLINE FOR ENTRY: MARCH 10TH, 2005

HOSTED BY: CECIL -KIRK ATHLETIC COUNCIL

TEAM NAME _____

AAU DISTRICT _____

Circle your age/grade division:

8U/2nd 9U/3rd 10U/4th 11U/5th 12U/6th 13U/7th 14U/8th 15U/9th 16U/10th 17U/11th 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:

Cecil-Kirk Athletic Council
C/O Mrs. Joyce Venable-Fountain
2244 Cecil Ave.
Baltimore, MD 21218

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)

2005 AAU National Boys' Basketball Super Regional Championship

VERIFICATION OF ENTRY

FAX FORM (B) TO:

AAU Boys' Basketball

407-934-7242

DEADLINE FOR ENTRY: MARCH 10TH, 2005

HOSTED BY: CECIL-KIRK ATHLETIC COUNCIL

TEAM NAME _____

AAU ASSOCIATION _____

Circle your age/grade division:

8U/2nd 9U/3rd 10U/4th 11U/5th 12U/6th 13U/7th 14U/8th 15U/9th 16U/10th 17U/11th 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 #** _____

List the FEDERAL EXPRESS TRACKING NUMBER which was used to send your verification of ENTRY

FORM (A) to the Hosting Organization _____