

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

COME QUALIFY FOR NATIONALS !

- DATES:** April 1-3 2005
- LOCATION:** Atlanta , GA (Metro Area)
- DIVISIONS OF PLAY:** 10,11,12,13,14,
- TOURNAMENT** Harold Thompson
Office: 404-344-0064
Fax: 404-344-4055
Cell: 404-454-2919
- DIRECTOR/CONTACT:** Email: haroldt@gsba2004.com or haroldt@aceturnkey.com
- AGE DETERMINING DATE:** September 1, 2005. **Exception:** See rules at www.aauboysbasketball.org on Grade Exceptions.
- ENTRY FEE:** Entry fees for 2005 AAU National Boys' Basketball Super Regional Championship is **\$400**. Forward **\$400** entry fee with **FORM (A)** to host. **MAKE CASHIER'S CHECKS OR MONEY ORDERS ONLY PAYABLE TO: GSBA – PAY VIS/MASTERCARD** at www.gsba2004.com Fax **FORM (B)** to: AAU Boys' Basketball at 407-934-7242.
- ENTRY DEADLINE:** All entries **MUST BE RECEIVED BY {TYPE IN DATES (21 DAYS PRIOR TO TOURNAMENT)}**
- GAME GUARANTEE:** Each team will receive a 3 game guarantee.
- RULES OF PLAY:** This event will follow all AAU Boys' Basketball rules as outlined in the AAU Boys' Basketball Handbook. **AAU Super Regional Rule Modifications:** (1) minimum recovery time is to one game; (2) an official can officiate 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 players and all four (4) non-players 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 1, 2005 at 5:30p.m.}

PLAYING

VERIFICATION: Coaches are responsible for Birth Documents and Grade Exception Forms as defined by the AAU Boys Basketball Handbook. Coaches you will need to show these documents upon request to the designated representative of the National Boys' Basketball Committee when a player/team's eligibility is in question. 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 could receive a bid to the same age 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 play in their association championship to receive their automatic bid. If a team receives an invitation (Bid), but is unable to play in their association 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 Association 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 an association bid will be seeded higher at Nationals than a Super Regional Bid. If the team chooses the Association 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: **Host Hotel : Hilton Garden Inn Atlanta Airport**
Phone:404-766-0303 Rate: \$79.00 per room – Maximum 4 per room
Rooms under: Atlanta AAU Super Regional to receive discount rate

FACILITIES/ TBA
LOCATIONS:

ENTRY FORM (A)

2005 AAU National Boys' Basketball Super Regional Championship

DEADLINE FOR ENTRY: {March 11, 2005}

HOSTED BY: GSBA

TEAM NAME _____

AAU ASSOCIATION _____

Circle your age/grade division:

10U/4th 11U/5th 12U/6th 13U/7th 14U/8th

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: GSBA

GEORGIA STORM BASKETBALL ASSOCIATION (GSBA)

C/O Harold Thompson

1730 County Line Road S.W.

Atlanta, GA 30331

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 5,2003

HOSTED BY: GSBA

TEAM NAME _____

AAU ASSOCIATION _____

Circle your age/grade division:

10U/4th 11U/5th 12U/6th 13U/7th 14U/8th

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 _____

ATLANTA AAU SUPER REGIONAL ROSTER FORM

Team Name _____ **AAU #** _____

Age Division _____ **Contact Person** _____

Phone # (H) _____ **(W)** _____ **(C)** _____

E-mail: _____ **Fax#** _____

TEAM ROSTER (Print or Type) * Each player and coach must have AAU#

	Name	Jersey#	DOB	Grade Exception	AAU#
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____