2005 AAU National Boys' Basketball Super Regional Championship

Tournament Information Flyer

DATES:	April 1-3
LOCATION:	North Augusta, South Carolina
DIVISIONS OF PLAY:	14U/8 th , 15U/9 th , 16U/10 th , 17U/11th
TOURNAMENT DIRECTOR/CONTACT:	Rick Meyer (<u>rmeyer@northaugusta.net</u>) Work: 803-441-4301 Fax: 803-441-4319 Home: 803-278-1977
AGE DETERMING DATE:	September 1, 2005. Exception: See rules at <u>www.aauboysbasketball.org</u> on Grade Exceptions.
ENTRY FEE:	Entry fees for this Super Regional Championship is \$300 . MAKE CAS HIER'S CHECKS OR MONEY ORDERS <i>ONLY</i> ! Forward \$300 entry fee with FORM (A) to host: North Augusta Parks & Recreation, ATTN: Rick Meyer, 100 Riverview Park Drive, North Augusta, South Carolina 29841 Fax FORM (B) to: AAU Boys' Basketball at 407-934-7242.
ENTRY DEADLINE:	All entries MUS T BE RECEIVED BY March 18, 2005.
GAME GUARANTEE:	Each team will receive a 3 game guarantee. Please note; your team's 3 rd 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 <u>www.aauboysbasketball.org</u> to obtain a copy! AAUSuper Regional Rule Modifications: (1) minimum recovery time is one game; (2) officials can work a maximum of four games in one day.
PLAYER ROS TER:	ROSTERS MUST BE TURNED INTO THE HOST/TOURNAMENT DIRECTOR PRIOR TO TEAMS FIRST GAME. <u>Please review the 2005 AAU Boys' Basketball Handbook!</u> Roster limitations are found in the Appendix!
AAU MEMBERS HIP:	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
Revised 02/15/05 2:32 PM	age/grade division held.

PLAYSTARTS:	Friday, April 1, 2005, at 6:00pm.
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 REGIONAL3-5 Teams- One (1) bid6-8 Teams- Two (2) bids9-24- Three (3) bids25-47- 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 4 th 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 <u>10 DAYS</u> after the conclusion of the event. Failure to do so may nullify your bid. Fax to 407-934-7242!
HOUSING:	Sleep Inn & Suites, 921 Edgefield Road, North Augusta, SC 29841, 803-202-0209 Quality Inn & Suites, 1052 Claussen Road, Augusta, GA, 30907, 706-737-5550 Sleep Inn & Suites, 1050 Claussen Road, Augusta, GA, 30907, 706-738-7473 AmeriSuites of Augusta, 1062 Claussen Road, Augusta, GA, 30907, 706-733-4656
FACILITIES/ LOCATIONS:	Riverview Park Activities Center, 100 Riverview Park Drive, North Augusta, SC 29841 North Augusta High School, 2000 Knobcone Avenue, North Augusta, SC 29841 Paul Knox Middle School, 1804 Wells Road, North Augusta, SC 29841 North Augusta Middle School, 725 Old Edgefield Road, North Augusta, SC 29841 Maps and tournament info can be found at www.northaugusta.net

ENTRY FORM (A)

2005 AAU National Boys' Basketball Super Regional Championship

DEADLINE FOR ENTRY: March 18, 2005.

HOSTED BY: North Augusta Parks & Recreation Department

TEAM NAME_____

AAU DISTRICT

Circle your age/grade division:

 $14U/8^{th} \quad 15U/9^{th} \quad 16U/10^{th} \quad 17U/11^{th}$

	COACHES INFORMATIC	N	
	STATE	ZIP CODE	_
HOME PHONE #	WORK PHONE #	_CELL #	
EMAIL ADDRESS	PAGER #		
CITY	STATE	ZIP CODE	
HOME PHONE #	WORK PHONE #	CELL #	
EMAIL ADDRESS	PAGER #		
SEND FORM	(A) WITH <u>\$300 ENTRY FEE</u> BY <u>FE</u>	DERAL EXPRESS ONLY TO:	
	North Augusta Parks & Recr Attn: Rick Meyer	eation Department	

Attn: Rick Meyer 100 Riverview Park Drive North Augusta, South Carolina 29841

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 18, 2005

HOSTED BY: North Augusta Parks & Recreation Department

TEAM NAME_____

AAU ASSOCIATION

Circle your age/grade division:

 $14U/8^{th} \quad 15U/9^{th} \quad 16U/10^{th} \quad 17U/11^{th}$

COACHES INFORMATION

CITY	STATE	ZIP CODE
HOME PHONE #	WORK PHONE #	CELL #
EMAIL ADDRESS	PAGER #	
NAME OF ASSISTANT COA	CH/CONTACT PERSON :	
NAME OF ASSISTANT COA	CH/CONTACT PERSON :	
NAME OF ASSISTANT COA ADDRESS: CITY	CH/CONTACT PERSON :	

FORM (A) to the Hosting Organization