# 2006 AAU National Boys' Basketball Super Regional Championship

Tournament Information Flyer

	COME QUALIFY FOR NATIONALS !
DATES:	April 21 <sup>st</sup> - April23 <sup>rd</sup> , 2006
LOCATION:	Sellersburg, IN
DIVISIONS OF PLAY:	13U/7 <sup>th</sup> , 14U/8 <sup>th</sup> , 15U/9 <sup>th</sup> , &16U/10 <sup>th</sup>
TOURNAMENT DIRECTOR/CONTACT:	Tim Goodwin, Nolan Fieldhouse 812-248-3865, tim@fieldhouse.win.net
AGE DETERMING DATE:	September 1, 2006. <b>Exception:</b> See rules at <u>www.aauboysbasketball.org</u> on Grade Exceptions.
ENTRY FEE:	Entry fees for this Super Regional Championship is <b>\$300</b> . <b>MAKE CASHIER'S CHECKS OR MONEY ORDERS</b> <i>ONLY</i> ! Forward <b>\$300</b> entry fee with <b>FORM</b> ( <b>A</b> ) to host: <b>Nolan Fieldhouse, 5010 Progress Way, Sellersburg, IN 47172</b> Fax <b>FORM</b> ( <b>B</b> ) to: AAU Boys' Basketball at 407-934-7242.
ENTRY DEADLINE:	All entries MUST BE RECEIVED BY March 30 <sup>th</sup> , 2006
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 2006 AAU Boys' Basketball Handbook. Go to <u>www.aauboysbasketball.org</u> 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 2006 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:	<b>Teams competing in the AAU National Boys' Basketball Super Regional</b> <b>Championship tournaments must have white and dark jerseys</b> . 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. Page 1

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PLAY STARTS:	TBD
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. <b>The National Eligibility Committee has sole authority to rule on eligibility.</b>
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. <b>The AAU Boys' Basketball Committee will determine if the team is eligible to use their bid.</b>
	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:	Holiday Inn Lakeview: 505 Marriott Dr., Clarksville, IN 47129 Phone: 812-283-4411 Contact: Leah Hutchinson Rate: \$79.00
	Ramada Inn: 700 W. Riverside Dr. Jeffersonville, IN 47130 Phone: 1-800-537-3612 Contact: Becky Fulkerson Rate: \$79.00
FACILITIES/ LOCATIONS:	Nolan Fieldhouse: 5010 Progress Way, Sellersburg, IN Phone: 812-248-3865 Ages: All
	Nachand Fieldhouse: 601 E. Court Ave, Jeffersonille, IN Phone: 812-285-6444 Ages: All

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# **ENTRY FORM (A)**

### 2006 AAU National Boys' Basketball Super Regional Championship

DEADLINE FOR ENTRY: March 30<sup>th</sup>, 2006

**HOSTED BY: Nolan Fieldhouse** 

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

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

Circle your age/grade division:

8U/2 <sup>nd</sup> 9U/3 <sup>rd</sup>	10U/4 <sup>th</sup> 11U/5 <sup>th</sup>	12U/6 <sup>th</sup> 13U/7 <sup>th</sup>	14U/8 <sup>th</sup>	15U/9 <sup>th</sup>	16U/10 <sup>th</sup>	17U/11 <sup>th</sup>	SR Boys
		COACHES INF	ORMATION	V			
NAME OF HEAD COA	СН :						
ADDRESS:							
СІТҮ							
HOME PHONE #		WORK PHONE #			CELL #_		
EMAIL ADDRESS		PAGER #_					
NAME OF ASSISTANT	COACH/CONTACT	PERSON :					
ADDRESS:							
CITY	STA	\TE		ZIP	CODE		
HOME PHONE #		WORK PHONE #			CELL #_		
EMAIL ADDRESS		PAGER #_					

#### SEND FORM (A) WITH <u>\$300 ENTRY FEE</u> BY <u>FEDERAL EXPRESS ONLY</u> TO:

Tim Goodwin 5010 Progress Way Sellersburg, IN 47172

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)

# 2006 AAU National Boys' Basketball Super Regional Championship

**VERIFICATION OF ENTRY** 

FAX FORM (B) TO:

# AAU Boys' Basketball

# 407-934-7242

DEADLINE FOR ENTRY: March 30<sup>th</sup>, 2006

**HOSTED BY: Nolan Fieldhouse** 

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

### AAU ASSOCIATION\_\_\_\_\_

Circle your age/grade division:

8U/2<sup>nd</sup> 9U/3<sup>rd</sup> 10U/4<sup>th</sup> 11U/5<sup>th</sup> 12U/6<sup>th</sup> 13U/7<sup>th</sup> 14U/8<sup>th</sup> 15U/9<sup>th</sup> 16U/10<sup>th</sup> 17U/11<sup>th</sup> SR Boys

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

FORM (A) to the Hosting Organization \_\_\_\_\_