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

Tournament Information Flyer

### **COME QUALIFY FOR NATIONALS!**

**DATES:** May  $27^{th}$  – May  $29^{th}$ 

LOCATION: Menomonie, WI

DIVISIONS OF PLAY: 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>, & Jr. Boys

TOURNAMENT Chuck Mornino, Wisconsin Viking Club

DIRECTOR/CONTACT: 714-231-4000, wiaau@wwt.net

**AGE DETERMING** September 1, 2006. **Exception:** See rules at www.aauboysbasketball.org on Grade

**DATE:** 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:

Wisconsin Viking Club, 2409 Stout Rd #1 Menomonie, WI 54751

Fax FORM (B) to: AAU Boys' Basketball at 407-934-7242.

ENTRY DEADLINE: All entries MUST BE RECEIVED BY May 18<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 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 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: 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.

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**AWARDS:** AAU medals and trophies will be awarded to the first and second place teams in each

age/grade division held.

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.

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 4<sup>th</sup> place).

HOUSING: Best Western: I 94 & Hwy 25, Menomonie, WI 54751

Phone: 715-235-9651 Rate: \$79.00 Contact: Steve Vanderberg

Motel 6: 194 & Hwy 25, Menomonie, WI 54751

Phone: 715-466-8356 Rate: \$59.00 Contact: Bob Willow

For additional hotel information visit www.wiaauhoops.com

FACILITIES/ UW Stout: 13<sup>th</sup> & Broadway, Menomonie WI

LOCATIONS: Phone: 715-232-2468 Ages: All

Menomonie High School: 5th Street, Menomonie, WI

Phone: 715-232-2468 Ages: All

# ENTRY FORM (A)

# 2006 AAU National Boys' Basketball Super Regional Championship

**DEADLINE FOR ENTRY: May 18th, 2006** 

**HOSTED BY: Wisconsin Viking Club** 

TEAM NAME_										
AAU DISTRICT	·									
Circle your age/grade d	livision:									
$8U/2^{nd}$ $9U/3^{rd}$	$10U/4^{th}$	11U/5 <sup>th</sup>	12U/6 <sup>th</sup>	13U/7 <sup>th</sup>	$14U/8^{th}$	15U/9 <sup>th</sup>	$16U/10^{th}$	17U/11 <sup>th</sup>	SR Boys	
_			COAC	CHES INFO	RMATION					
NAME OF HEAD COA	ACH :									
ADDRESS:										
						ZIP CODE				
HOME PHONE #		WORK PHONE #				CELL #				
EMAIL ADDRESS		PAGER #								
NAME OF ASSISTAN	Т СОАСН	CONTAC	Γ PERSON	N :						
ADDRESS:										
CITY		STATE				ZIP CODE				
HOME PHONE #		WORK PHONE #				CELL #				
EMAIL ADDRESS		PAGER #								
SEND I	FORM (A	A) WITH	\$300 EN	TRY FEE	BY FED	ERAL E	XPRESS .	ONLY TO	<b>D</b> :	
				iking Clu	b					
Chuck Morning 2409 Stout Rd #1										
		Men	omonie,	WI 54751	l					
I confirm that I have	faxed En	try Form	(B) to th	e AAU N	ational H	[eadquart	ers at 407	-934-7242	2.	
Please sign to confirm	n your fa	x was sen	t:							
									Page 3	

# 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: May 18th, 2006** 

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

**HOSTED BY: Wisconsin Viking Club** 

AAU ASSOCIATION	<b>N</b>	
Circle your age/grade division	on:	
8U/2 <sup>nd</sup> 9U/3 <sup>rd</sup> 10U/4	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 INFO	DRMATION
NAME OF HEAD COACH ·		
		ZIP CODE
		CELL #_
EMAIL ADDRESS	PAGER #	
NAME OF ASSISTANT COA	ACH/CONTACT PERSON :	
ADDRESS:		
CITY	STATE	ZIP CODE
HOME PHONE #	WORK PHONE#_	CELL #
EMAIL ADDRESS	PAGER #	
List the FEDERAL EXPR	RESS TRACKING NUMBER W	which was used to send your verification of ENTRY
FORM (A) to the Hosting	Organization	·
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