## 2007 AAU National Boys' Basketball Super Regional Championship

Tournament Information Flyer

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

**DATES:** March 2<sup>nd</sup>- March 4<sup>th</sup>, 2007

LOCATION: Hampton, VA

**DATE:** 

DIVISIONS OF PLAY: 10U/4<sup>th</sup>, 11U/5<sup>th</sup>, 12U/6<sup>th</sup> & 13U/7<sup>th</sup> Division I & Division II

TOURNAMENT Willie Brown, Boo Williams Summer League

DIRECTOR/CONTACT: 757-851-8013, wekpbrown@aol.com

**AGE DETERMING** September 1, 2007. **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:

Boo Williams Summer League: 26 West Taylor Ave, Hampton, VA 23663

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

ENTRY DEADLINE: All entries MUST BE RECEIVED BY February 19<sup>th</sup>, 2007

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 2007 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 2007 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.

Page 1

**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: Clarion Hotel: 1809 Coliseum Dr., Hampton, VA 23666

Phone: 757-838-5011 x 7355 Contact: Felicia Sharps Rate: \$72.00 per night

Holiday Inn: 1815 W. Mercury Blvd., Hampton, VA 23666

Phone: 757-838-0200 x 6522 Contact Courtney Tanner Rate: \$75.00 per night

FACILITIES/ Hampton High School: 1491 West Queen St; Hampton, VA

**LOCATIONS:** Phone: 757-825-4430

Syms Middle School: 170 Fox Hill Rd; Hampton VA

Phone: 757-850-5050

Bethel High School: 1067 Big Bethel Rd; Hampton VA

Phone: 757-825-4400

# ENTRY FORM (A)

## 2007 AAU National Boys' Basketball Super Regional Championship

DEADLINE FOR ENTRY: February 19<sup>th</sup>, 2007

| HOSTED BY: Boo Williams Summer League |                        |                                       |                        | Circle One                            | : Division I     | Division II  |  |
|---------------------------------------|------------------------|---------------------------------------|------------------------|---------------------------------------|------------------|--------------|--|
| TEAM NAME_                            |                        |                                       |                        |                                       |                  |              |  |
| AAU DISTRICT                          |                        |                                       |                        |                                       |                  |              |  |
| Circle your age/grade                 | division:              |                                       |                        |                                       |                  |              |  |
| $8U/2^{nd} \ 9U/3^{rd}$               | 10U/4 <sup>th</sup> 11 | U/5 <sup>th</sup> 12U/6 <sup>th</sup> | 13U/7 <sup>th</sup> 14 | U/8 <sup>th</sup> 15U/9 <sup>th</sup> | $16U/10^{th}$ JR | Boys SR Boys |  |
|                                       |                        | COAC                                  | HES INFORMA            | ATION                                 |                  |              |  |
| NAME OF HEAD CO.                      | ACH :                  |                                       |                        |                                       |                  |              |  |
| ADDRESS:                              |                        |                                       |                        |                                       |                  |              |  |
|                                       |                        |                                       |                        |                                       | ZIP CODE         |              |  |
| HOME PHONE #                          |                        | WORK P                                | PHONE #                | CELL #                                |                  |              |  |
| EMAIL ADDRESS                         | PAGER #                |                                       |                        |                                       |                  |              |  |
|                                       |                        |                                       |                        |                                       |                  |              |  |
| NAME OF ASSISTAN                      | т соасн/со             | NTACT PERSON                          | <b>:</b>               |                                       |                  |              |  |
| ADDRESS:                              |                        |                                       |                        |                                       |                  |              |  |
| CITY                                  |                        | STATE                                 |                        | ZIP CODE                              |                  |              |  |
| HOME PHONE #                          |                        | work p                                | PHONE #                |                                       | CELL #           |              |  |
| EMAIL ADDRESS                         | PAGER #                |                                       |                        |                                       |                  |              |  |
| SEND                                  | FORM (A) V             | VITH <u>\$300 ENT</u>                 | TRY FEE BY             | FEDERAL                               | EXPRESS ON       | LY TO:       |  |
| ~21(2                                 | _ = = = (-4)           | Boo Williams                          |                        |                                       |                  | <u> </u>     |  |
|                                       |                        | 26 West Taylo                         | or Ave                 |                                       |                  |              |  |
|                                       | 6 1 <del>5</del> /     | Hampton VA                            |                        |                                       |                  | 4 50 40      |  |
| confirm that I have                   | e taxed Entry          | Form (B) to the                       | e AAU Natio            | nal Headqua                           | rters at 407-934 | 4-7242.      |  |
| lease sign to confir                  | n your fax w           | as sent:                              |                        |                                       | <del> </del>     |              |  |
|                                       |                        |                                       |                        |                                       |                  | Page 3       |  |

## ENTRY FORM (B)

## 2007 AAU National Boys' Basketball Super Regional Championship

#### **VERIFICATION OF ENTRY**

**FAX FORM (B) TO:** 

### **AAU Boys' Basketball**

407-934-7242

Circle One:

Division I

**Division II** 

**DEADLINE FOR ENTRY: February 19th, 2007** 

**HOSTED BY: Boo Williams Summer League** 

TEAM NAME

| AAU ASSOCIATION                  |   |  |
|----------------------------------|---|--|
| Circle your age/grade division:  | :   |  |
| $8U/2^{nd} 9U/3^{rd} 10U/4^{th}$ | 11U/5 <sup>th</sup> 12U/6 <sup>th</sup> 13U/7 <sup>th</sup> | 14U/8 <sup>th</sup> 15U/9 <sup>th</sup> 16U/10 <sup>th</sup> JR Boys SR Boys |
|                                  | COACHES INFO  | PRMATION   |
| NAME OF HEAD COACH :_            |   |  |
| ADDRESS:                         |   |  |
|                                  |   | ZIP CODE   |
| HOME PHONE #                     | WORK PHONE#_  | CELL #   |
| EMAIL ADDRESS                    | PAGER #_  |  |
| NAME OF ASSISTANT COAL           | CH/CONTACT PERSON ·   |  |
|                                  |   |  |
|                                  |   | ZIP CODE_  |
| HOME PHONE #                     | WORK PHONE #_   | CELL #   |
| EMAIL ADDRESS                    | PAGER #_  |  |
| ist the FEDERAL EXPRE            | ESS TRACKING NUMBER w                                       | hich was used to send your verification of ENTRY                             |
| FORM (A) to the Hosting C        | Organization  |  |
|                                  | _   | Page 4   |