### 2007 AAU National Boys' Basketball Super Regional Championship

Tournament Information Flyer

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

**DATES:** March 23<sup>rd</sup> – March 25<sup>th</sup>, 2007

LOCATION: Wilmington, DE

**DIVISIONS OF PLAY:** 14U/8<sup>th</sup>, 15<sup>th</sup>/9<sup>th</sup>, 16/10<sup>th</sup>, & Jr. Boys

**TOURNAMENT** Rod Griffin, Diamond State Titans

DIRECTOR/CONTACT: 302-378-3361, coachrod@diamondstatetitans.com

AGE DETERMING Se

September 1, 2007. Exception: See rules at <a href="www.aauboysbasketball.org">www.aauboysbasketball.org</a> on Grade

**DATE:** Exceptions.

**ENTRY FEE:** Entry fees for this Super Regional Championship is \$400.

MAKE CASHIER'S CHECKS OR MONEY ORDERS ONLY!

Forward \$400 entry fee with FORM (A) to host:

**Diamond St. Titans, 11 Simpson Pl., Middletown, DE 19709** Fax **FORM (B)** to: AAU Boys' Basketball at 407-934-7242.

ENTRY DEADLINE: All entries MUST BE RECEIVED BY March 14<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.

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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 Teams — One (1) bid 4-6 Teams — Two (2) bids 7-9 Teams — Three (3) bids 10-12 Teams — 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 Delaware Inn: I 95 and Route 273, Newark, DE 19711

Phone: 302-738-3400 Rate: \$70.00

Howard Johnson: Route 896, Newark, DE 19713

Phone 302-368-8537 Rate: \$ 67.00

FACILITIES/ Tower Hill School: 2813 W 17<sup>th</sup> St., Wilmington, DE LOCATIONS:

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# ENTRY FORM (A)

### 2007 AAU National Boys' Basketball Super Regional Championship

**DEADLINE FOR ENTRY: March 14th, 2007** 

**HOSTED BY: Diamond St. Titans** 

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>	JR Boys	SR Boys	
			COAC	CHES INFO	RMATION			•		
NAME OF HEAD CO.	A CII .									
NAME OF HEAD COA										
ADDRESS:										
CITY		STATE				ZIP CODE				
HOME PHONE #			_work	PHONE #_		CELL #				
EMAIL ADDRESS	PAGER#									
NAME OF ASSISTAN	т солси	/CONTAC	T DEDSAN	<b>N</b> •						
ADDRESS:										
CITY		STATE				ZIP CODE				
HOME PHONE #		WORK PHONE #				CELL #				
EMAIL ADDRESS				PAGER #_						
SEND :	FORM (A	A) WITH	\$400 EN	TRY FEE	E BY FED	ERAL E	XPRESS	ONLY T	O:	
		Dia	mond St.	Titans						
			l Griffin							
			Simpson I		_					
		Mid	ldletown,	DE 1970	9					
confirm that I have	faxed En	try Form	n (B) to th	ne AAU N	ational H	leadquart	ters at 407	-934-724	2.	
Please sign to confiri	n your fa	x was sen	t:							
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## ENTRY FORM (B)

## 2007 AAU National Boys' Basketball Super Regional Championship

### **VERIFICATION OF ENTRY**

**FAX FORM (B) TO:** 

### AAU Boys' Basketball

407-934-7242

**DEADLINE FOR ENTRY: March 14<sup>th</sup>, 2007** 

**HOSTED BY: Diamond St. Titans** 

TEAM NAME						
AAU ASSOCIATION_				<u>.</u>		
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	9 <sup>th</sup> 16U/10 <sup>th</sup> JR Boy	s SR Boys		
	COACHES	INFORMATION				
NAME OF HEAD COACH :						
ADDRESS:						
CITY	STATE		ZIP CODE			
HOME PHONE #	WORK PHON	VE #	CELL #			
EMAIL ADDRESS	PAG	ER #				
NAME OF ASSISTANT COAC	H/CONTACT PERSON :					
ADDRESS:						
CITY						
HOME PHONE #	WORK PHON	NE #	CELL #			
EMAIL ADDRESS	PAG	ER #				
List the FEDERAL EXPRES	SS TRACKING NUMBE	ER which was used	to send your verific	ation of ENTRY		
FORM (A) to the Hosting O	rganization					
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