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

Tournament Information Flyer

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

**DATES:** May 11<sup>th</sup> – May 12<sup>th</sup>, 2007

LOCATION: Reading, PA

**AGE DETERMING** 

**DATE:** 

DIVISIONS OF PLAY: 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> Division II Only

TOURNAMENT Chip Fugate, Reading Pal/Pro Source Hoops DIRECTOR/CONTACT: 610-587-2219, chipfugate@hotmail.com

Exceptions.

DIRECTOR/CONTACT: 610-587-2219, emptugate@notman.com

**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:

Reading Pal/Pro Source Hoops: 49 Winged Foot Dr. Reading, PA 19607

September 1, 2007. Exception: See rules at www.aauboysbasketball.org on Grade

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

ENTRY DEADLINE: All entries MUST BE RECEIVED BY May 3<sup>rd</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 or more 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: Hampton Inn Reading: 1800 Papermill Rd. Wyomissing, PA 19610

Phone: 610-374-8100

Days Inn: 910 Woodland Rd. Reading PA 19610

Phone: 610-374-1500

FACILITIES/ Reading High School: 1110 N. 13<sup>th</sup> St. Reading PA

**LOCATIONS:** Phone: 610-371-5725

Reading PAL: 325 Walnut St. Reading PA

Phone: 610-376-7220

Northwest Middle School: 1110 N. 13<sup>th</sup> St. Reading PA

Phone: 610-374-1500

# ENTRY FORM (A)

## 2007 AAU National Boys' Basketball Super Regional Championship

**DEADLINE FOR ENTRY: May 3<sup>rd</sup>, 2007** 

**HOSTED BY: Reading Pal/Pro Source Hoops** 

TEAM NAME_									
AAU DISTRICT									
Circle your age/grade o	livision:								
$8U/2^{nd}$ $9U/3^{rd}$	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	
		COA	CHES INFO	RMATION					
NAME OF HEAD COA	ACH :								
ADDRESS:									
					ZIP CODE				
HOME PHONE #		WORK PHONE#_			CELL #				
EMAIL ADDRESS		PAGER #							
					ZIP CODE				
					CELL #				
EMAIL ADDRESS			_PAGER #_						
SEND 1	FORM (A) WI	ГН <u>\$300 EN</u>	TRY FEE	E BY FED	ERAL E	XPRESS	ONLY T	O:	
		Reading Pal/ Chip Fugate	Pro Sour	ce Hoops					
	4	19 Winged F							
		Reading PA		, , <b>.</b>					
confirm that I have	faxed Entry Fo	orm (B) to th	ne AAU N	ational H	leadquart	ters at 407	7-934-724	2.	
lease sign to confirm	n your fax was	sent:							
								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

DEADLINE FOR ENTRY: May 3<sup>rd</sup>, 2007

**HOSTED BY: Reading Pal/Pro Source Hoops** 

TEAM NAME							
AAU ASSOCIATION							
fircle your age/grade division:							
$8U/2^{nd} 9U/3^{rd} 10U/4^{th}$	$11U/5^{th}$ $12U/6^{th}$ $13U/7^{th}$	14U/8 <sup>th</sup> 15U/9 <sup>th</sup> 16U/10 <sup>th</sup> JR Boys SR	Boys				
	COACHES INFO	RMATION					
JAME OF HEAD COACH ·							
			ZIP CODE				
HOME PHONE #	WORK PHONE#_		CELL #				
EMAIL ADDRESS	PAGER #_						
JAME OF ASSISTANT COAC	CH/CONTACT PERSON :						
		ZIP CODE					
IOME PHONE #	WORK PHONE#_	CELL #					
EMAIL ADDRESS	PAGER #_						
st the FEDERAL EXPRE	SS TRACKING NUMBER W	hich was used to send your verification o	 f ENTI				
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JKIVI (A) to the Hosting C	rganization						