

**2003 AMATEUR ATHLETIC UNION
SENIOR BOYS' BASKETBALL NATIONAL CHAMPIONSHIP
TEAM ENTRY FORM (Form 1A)**

Entry Deadline: Received by Friday July 11, 2003. **Late entries will not be accepted!**
Guaranteed overnight delivery is highly recommended to meet deadline date!

REMEMBER TO SEND ALL ITEMS REQUIRED ON PAGE 3 (Instructions to Enter)

To: If submitting via **US Mail** (regular or express): AAU National Headquarters,
Attn: Senior Boy's Basketball, P.O Box 22409, Lake Buena Vista, FL 32830

To: If submitting via **overnight delivery** (Fed Ex, Airborne, or UPS) : AAU National Headquarters,
Attn: Senior Boys' Basketball, 1910 Hotel Plaza Blvd., Lake Buena Vista, FL 32830

AAU Association _____ Team Name _____
(Circle) Qualifying Event your team participated in: Association Qualifier Spring Classic I Spring Classic II
Super Regional (Please put Location) _____

(Please list the top four (4) finishers at the Qualifying Tournament your team participated in:

First Place Team Name _____ Second Place Team Name _____

Third Place Team Name _____ Fourth Place Team Name _____

Please list place your team finished if they were not a Top Four Finisher: _____

COACHES INFORMATION

Head Coach	AAU Membership #	Assistant Coach	AAU Membership #
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
	Fax No.		Fax No.
* Email*		* Email*	
Cell Phone		Cell Phone	
Hotel/Housing		Hotel/Housing	
Assistant Coach	AAU Membership #	Team Parent or Other Contact Person	AAU Membership #
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
	Fax No.		Fax No.
* Email*		* Email*	
Cell Phone		Cell Phone	
Hotel/Housing		Hotel/Housing	

MUST HAVE ALTERNATE NAMES & PHONE NUMBERS OTHER THAN HEAD COACH

WE STRONGLY RECOMMEND THAT YOU LIST AN EMAIL CONTACT PERSON

**2003 AMATEUR ATHLETIC UNION
SENIOR BOYS' BASKETBALL NATIONAL CHAMPIONSHIP
TEAM ENTRY FORM (Form 1B)**

Entry Deadline: Received by Friday, July 11, 2003 **Late entries will not be accepted!**
Guaranteed overnight delivery is highly recommended to meet deadline date!

REMEMBER TO SEND ALL ITEMS REQUIRED ON PAGE 1 (Instructions to Enter)

To: 2003 AAU Junior Olympic Games,
 Detroit Metro Sports Commission, 211 W. Fort Street, Suite 1000, Detroit, MI 48226

COMPLETE ALL AREAS BEFORE SUBMITTING

AAU Association _____ Team Name _____

(Circle) Qualifying Event your team participated in: Association Qualifier Spring Classic I Spring Classic II
 Super Regional(Please put Location) _____

(Please list the top four (4) finishers at the Qualifying Tournament your team participated in:

First Place Team Name _____ Second Place Team Name _____

Third Place Team Name _____ Fourth Place Team Name _____

Please list place your team finished if they were not a Top Four Finisher: _____

COACHES INFORMATION

Head Coach	AAU Membership #	Assistant Coach	AAU Membership #
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
	Fax No.		Fax No.
* Email*		* Email*	
Cell Phone		Cell Phone	
Hotel/Housing		Hotel/Housing	

Assistant Coach	AAU Membership #	Team Parent or Other Contact Person	AAU Membership #
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
	Fax No.		Fax No.
* Email *		* Email*	
Cell Phone		Cell Phone	
Hotel/Housing		Hotel/Housing	

MUST HAVE ALTERNATE NAMES & PHONE NUMBERS OTHER THAN HEAD COACH
WE STRONGLY RECOMMEND THAT YOU LIST AN EMAIL CONTACT PERSON