

**AMATEUR ATHLETIC UNION  
OFFICIAL TEAM ROSTER & ENTRY FORM  
ONE FORM PER TEAM**

*Please print clearly, this information is important, all parts must be filled out or your entry will be rejected.*

**TEAM NAME:** \_\_\_\_\_ **CLUB #:** \_\_\_\_\_ **AGE GROUP:** \_\_\_\_\_

**TOURNAMENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **LEVEL 1:**  **2:**

JERSEY #	TYPE NAME	AAU MEMBERSHIP # s	BIRTHDATE
White/Dark	NAME (LAST, FIRST)		
1			/ /
2			/ /
3			/ /
4			/ /
5			/ /
6			/ /
7			/ /
8			/ /
9			/ /
10			/ /
11			/ /
12			/ /
13			/ /
14			/ /
15			/ /

LIST THE (3) NON-PLAYERS THAT ARE ALLOWED ON BENCH\*:

HEAD COACH:		MEMBERSHIP #
Asst. COACH:		MEMBERSHIP #
Asst. COACH:		MEMBERSHIP #

\*Must List at least 2 no more than 3 Adult (18 or Over) Coaches per Team. In signing this document, I verify that as an coach/team manager, I am a registered AAU amateur coach/team manager, according to the AAU code, and that in consideration of your accepting my entry, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against the Amateur Athletic Union, the tournament organization, the owner/lessor/operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said tournament. Held under the Sanction of the Pacific District of the Amateur Athletic Union of the United States

Team Coaches must have current AAU cards and birth records for each player.

**I certify that the above information is correct:**

*Signature of Head Coach or Team Manager*

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_ **(C):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_