



**AMATEUR ATHLETIC UNION  
Pacific District Tournament Series  
Tournament Entry Form -**

**OFFICIAL TEAM ROSTER & ENTRY FORM**  
**One form per team**

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

TOURNAMENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ GIRLS:  BOYS:  LEVEL I:  II:

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

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

HEAD COACH: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

Assistant Coach \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

Assistant 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 INFORMATION - NAME: \_\_\_\_\_

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

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

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

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