

**2012 BUTLER COUNTY AAU GIRLS BASKETBALL SUPER REGIONAL**  
**MASON, OHIO**  
**May 4<sup>th</sup> - 6<sup>th</sup>**



**PLEASE CHECK THE APPLICABLE DIVISION:**

7<sup>th</sup> Grade \_\_\_\_\_ 8<sup>th</sup> Grade \_\_\_\_\_ 9<sup>th</sup> Grade \_\_\_\_\_

10<sup>th</sup> Grade \_\_\_\_\_ 11<sup>th</sup> Grade \_\_\_\_\_

Div. I \_\_\_\_\_ Non \_\_\_\_\_

**PLEASE PRINT VERY CLEARLY THE FOLLOWING:**

**TEAM NAME** \_\_\_\_\_

**COACH'S NAME** \_\_\_\_\_

**E MAIL ADDRESS** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FAX NO.** \_\_\_\_\_

**ASST. COACH NAME** \_\_\_\_\_

**E MAIL ADDRESS** \_\_\_\_\_

**ASST. COACH PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

**TEAM PARENT NAME** \_\_\_\_\_

**E MAIL ADDRESS** \_\_\_\_\_

**TEAM PARENT PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

Mail to: Butler County VB / Super Regional  
Attn: Stephanie Gigliotti  
8750 Union Centre Boulevard,  
West Chester OH 45069



**2012 BUTLER COUNTY AAU SUPER REGIONAL**

Mason, Ohio May 4<sup>th</sup>-6<sup>th</sup>, 2012

Non-Qualifying Team \_\_\_\_\_

Qualifying Team \_\_\_\_\_

AAU Club Name \_\_\_\_\_ AAU Club # \_\_\_\_\_ Age Group \_\_\_\_\_  
 There will be no additions to entry form after the start of your first game. There can only be a maximum of 15 athletes per team. (Must be filled in above, to qualify)

List Players in Alphabetical Order Last Name First	Date of Birth	Jersey #	Complete Address	AAU Number	Player s Sign In At Tournament (Prior to competing)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

\*Must List Two Adult (18 or Over) Coaches Per Team In signing this document, I verify that as an athlete/coach, I am a registered AAU amateur athlete/coach, according to the AAU By-Laws, 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 *Florida* District of the Amateur Athletic Union of the United States.

\_\_\_\_\_  
\*Signature of Head Coach

\_\_\_\_\_  
Signature of Assistant Coach

\_\_\_\_\_  
Print Name of Head Coach and AAU Number

\_\_\_\_\_  
Print Name of Assistant Coach and AAU Number

\_\_\_\_\_  
Print Address, City, State, Zip

\_\_\_\_\_  
Print Address, City, State, Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_