

**AMATEUR ATHLETIC UNION  
AAU WEST COAST GIRLS' BASKETBALL CHAMPIONSHIP  
Form B**



**OFFICIAL TEAM ROSTER**

TEAM NAME \_\_\_\_\_ AAU DISTRICT \_\_\_\_\_ DIVISION: \_\_\_\_\_

**DISTICT ROSTER – NOT TO EXCEED 12 PLAYERS**

JERSEY # White/Dark	TYPE NAME NAME (LAST, FIRST)	AAU MEMBERSHIP # s	HEIGHT	BIRTH DATE	Cross Boundary Athlete	
					Y	N
1. _____					Y	N
2 _____					Y	N
3 _____					Y	N
4 _____					Y	N
5 _____					Y	N
6. _____					Y	N
7 _____					Y	N
8. _____					Y	N
9 _____					Y	N
10. _____					Y	N
11 _____					Y	N
12. _____					Y	N

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

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

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

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

Only Three (3) Non players allowed in the Bench area

Mail this form with the entry fee to and Form A to: YVSA, P O Box 9603, Yakima, Washington 98909  
If overnight, Send Fed Ex to Paul R. Campbell 516 Santa Roza Drive, Yakima, Wa 98901

All information on the event can be found on the web site [www.ieaaau.org](http://www.ieaaau.org) or [www.jamonit.org](http://www.jamonit.org)

Teams must have the birth records and wavier forms for each of the Players at registration.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT \_\_\_\_\_  
(Signature of Head Coach)

**CONTACT INFORMATION (We must have a e-mail address)**

Name: \_\_\_\_\_

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

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ FAX \_\_\_\_\_

CELL/PAGER \_\_\_\_\_ EMAIL \_\_\_\_\_

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